STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953452	**02/15/2018**
NAME OF PROVIDER OR SUPPLIER **APOPKA RETIREMENT CENTRE**	STREET ADDRESS, CITY, STATE, ZIP CODE **750 SOUTH ALABAMA AVENUE** **APOPKA, FL 32703**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A complaint investigation #2018002213 was conducted on February 15, 2018. Apopka Retirement Center, license #5921, had no deficiencies at the time of the investigation, pertaining to this complaint.