

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/03/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969324	(X3) DATE SURVEY COMPLETED 03/26/2018
NAME OF PROVIDER OR SUPPLIER DIVINE ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 533 E CITRUS ST ALTAMONTE SPRINGS, FL 32701	

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

0000 - Initial Comments

An initial licensure survey with Limited Nursing Service (LNS) was conducted on March 26, 2018. Divine Assisted Living Facility had no deficiencies at the time of the survey.