STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968216	**04/04/2018**
NAME OF PROVIDER OR SUPPLIER **ELLAS PLACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **313 DOLPHIN WAY** **KISSIMMEE, FL 34759**	

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

0000 - Initial Comments

Assisted Living Facility

An abbreviated biennial state relicensure survey was conducted at Ella's Place Assisted Living Facility on 04/04/2018. Ella's Place Assisted Living Facility had no deficient practice identified at the time of the survey.

License: 12187