

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/19/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963788	(X3) DATE SURVEY COMPLETED R 04/03/2018
NAME OF PROVIDER OR SUPPLIER PANORAMA LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1030 BALMY BEACH DRIVE APOPKA, FL 32703	

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

0000 - Initial Comments

A revisit to the re-licensure survey including the initial licensure for Limited Nursing Services was conducted on 4/3/18 at Panorama Living Assisted Living Facility, License #8705. There were no deficiencies at the time of the visit.