

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/19/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910117	(X3) DATE SURVEY COMPLETED R 04/05/2018
NAME OF PROVIDER OR SUPPLIER HARMONY RETIREMENT LIVING, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1411 EL PASO AVENUE ORLANDO, FL 32806	

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

0000 - Initial Comments

A second revisit to re-licensure survey with Limited Mental Health (LMH) was conducted on 4/5/2018. Harmony Retirement Living Inc. license # 736 had no deficiencies found at the time of the visit.