

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/01/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967434	(X3) DATE SURVEY COMPLETED R 04/20/2018
NAME OF PROVIDER OR SUPPLIER ORLANDO LUTHERAN TOWERS	STREET ADDRESS, CITY, STATE, ZIP CODE 404 MARIPOSA STREET ORLANDO, FL 32801	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments 4/20/18 desk review completed to complaint #2017015242. Orlando Lutheran Towers, license #11438, had no deficiencies at the time of the review.		