

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/14/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953452	(X3) DATE SURVEY COMPLETED 05/08/2018
NAME OF PROVIDER OR SUPPLIER APOPKA RETIREMENT CENTRE	STREET ADDRESS, CITY, STATE, ZIP CODE 750 SOUTH ALABAMA AVENUE APOPKA, FL 32703	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A post-closure monitoring was conducted on 05/08/2018. Apopka Retirement Center did not have deficiencies at the time of the visit.		