

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 06/05/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969074	(X3) DATE SURVEY COMPLETED 05/10/2018
NAME OF PROVIDER OR SUPPLIER INSPIRED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1061 TOMYN BLVD OCOE, FL 34761	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Complaint Investigation #2018003460 on 5/9/18 and 5/10/18. Inspired Living Assisted Living Facility License #12906 had no deficiencies pertaining to this complaint at the time of the visit.		