STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966600	R **06/05/2018**
NAME OF PROVIDER OR SUPPLIER **TRANSFORMATION ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **1963 CONTINENTAL BLVD** **ORLANDO, FL 32808**	

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

0000 - Initial Comments

A revisit to complaint invesigation#2018001364 was conducted on 6/5/18. Transformation Assisted Living Facility, License #10774 had no deficiencies at the time of the visit.