

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/25/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911325	(X3) DATE SURVEY COMPLETED R 06/20/2018
NAME OF PROVIDER OR SUPPLIER HPLS ASSISTED LIVING INC	STREET ADDRESS, CITY, STATE, ZIP CODE 300 EAST KALEY AVENUE ORLANDO, FL 32806	

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

0000 - Initial Comments

A revisit to a Limited Nursing Service (LNS) monitoring visit was conducted on 06/20/2018. HPLS Assisted Living Inc., license #5886, had no deficiencies at the time of the visit.