

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 07/03/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968271	(X3) DATE SURVEY COMPLETED R 06/13/2018
NAME OF PROVIDER OR SUPPLIER ANNE'S HOME ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 955 TUSKAWILLA RD WINTER SPRINGS, FL 32708	

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

0000 - Initial Comments

6/13/18 desk review conducted to Relicensure survey. Anne's Home ALF Inc, License # 12189, had no deficiencies at the time of the review.