

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/03/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910117	(X3) DATE SURVEY COMPLETED 04/08/2018
NAME OF PROVIDER OR SUPPLIER HARMONY RETIREMENT LIVING, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1411 EL PASO AVENUE ORLANDO, FL 32806	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments 4/8/18 a capacity increase survey (from 12 to 16 beds) was conducted in conjunction with the second revisit to the re-licensure survey. Harmony Retirement had no deficiencies related to the capacity increase on 4/8/18 at the time of the visit.		