

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/16/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967498	(X3) DATE SURVEY COMPLETED R 07/30/2018
NAME OF PROVIDER OR SUPPLIER SWAN AT LAKE CONWAY ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 3714 ST MORITZ STREET ORLANDO, FL 32812	

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

0000 - Initial Comments

A Second revisit to Complaint Investigation # 2018000262 was conducted on 7/30/2018. Swan at Lake Conway Assisted Living Facility license #11542 had no deficiencies at the time of the visit.