STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968547	R **08/01/2018**
NAME OF PROVIDER OR SUPPLIER **IDEAL CARE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **612 SPRING OAK CIRCLE** **ORLANDO, FL 32828**	

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

0000 - Initial Comments

8/1/18 Desk review completed to Relicensure survey. Ideal Care ALF, license # 12451, had no deficiencies at the time of the review.