STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942847	**07/18/2018**
NAME OF PROVIDER OR SUPPLIER **NTM HOMES**	STREET ADDRESS, CITY, STATE, ZIP CODE **98 MISSIONS BLVD** **SANFORD, FL 32771**	

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

0000 - Initial Comments

The abbreviated re-licensure survey was conducted on 7/11/18. NTM Homes Assisted Living Facility, License #8300 had no deficiencies at the time of the visit.