STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968985	R **08/13/2018**
NAME OF PROVIDER OR SUPPLIER **CARMITA'S ASSISTING LIVING FACILITY IV LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1103 MARSCASTLE AVE** **ORLANDO, FL 32812**	

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

0000 - Initial Comments

8/13/18 desk review completed to Relicensure survey. Carmita's ALF #4, license # 12807, had no deficiencies at the time of the review.