STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963788	**07/03/2018**
NAME OF PROVIDER OR SUPPLIER **PANORAMA LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **1030 BALMY BEACH DRIVE** **APOPKA, FL 32703**	

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

0000 - Initial Comments

A Limited Nursing Service (LNS) monitoring visit was conducted on July 3, 2018. Panorama Living, license #8705, did not have deficiencies at the time of the visit.