

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/04/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967434	(X3) DATE SURVEY COMPLETED R 09/05/2018
NAME OF PROVIDER OR SUPPLIER ORLANDO LUTHERAN TOWERS	STREET ADDRESS, CITY, STATE, ZIP CODE 404 MARIPOSA STREET ORLANDO, FL 32801	

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

0000 - Initial Comments

A revisit to the re-licensure survey with Extended Congregate Care was conducted on 9/5/18. Orlando Lutheran Towers, had no deficiencies at the time of the visit.