STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969022	R **09/19/2018**
NAME OF PROVIDER OR SUPPLIER **EXCELLENCE ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **2250 S SEMORAN BLVD** **ORLANDO, FL 32822**	

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

0000 - Initial Comments

A second revisit to the re-licensure survey was conducted on 9/18/18 and 9/19/18. Excellence Assisted Living Facility, license #12850, did not have deficiencies pertaining to this survey revisit. Additional tags remain outstanding on additional survey conducted on these same dates.