

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 10/23/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968537	(X3) DATE SURVEY COMPLETED R 10/09/2018
NAME OF PROVIDER OR SUPPLIER ELITE MANOR-KISSIMMEE	STREET ADDRESS, CITY, STATE, ZIP CODE 4034 SUNNY DAY WAY KISSIMMEE, FL 34744	

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

0000 - Initial Comments

10/9/18 desk review conducted to relicensure survey. Elite Manor-Kissimmee, license #12424 had no deficiencies at the time of the review.