

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969074	(X3) DATE SURVEY COMPLETED R 11/01/2018
NAME OF PROVIDER OR SUPPLIER INSPIRED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1061 TOMYN BLVD OCOE, FL 34761	

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

0000 - Initial Comments

A second revisit to complaint investigation #2017015860 was conducted on 11/1/18. Inspired Living Assisted Living Facility License #12906 did not have deficiencies at the time of the visit.