

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/04/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965628	(X3) DATE SURVEY COMPLETED 11/06/2018
NAME OF PROVIDER OR SUPPLIER ALL STARS ASSISTED LIVING, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1131 W LAKE BRANTLEY ROAD ALTAMONTE SPRINGS, FL 32714	

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

0000 - Initial Comments

The re-licensure survey was conducted on 11/6/2018. All Stars Assisted Living, Inc. with Limited Mental Health (LMH), License #9972 had no deficiencies at the time of the visit.