STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964828	R **11/07/2018**
NAME OF PROVIDER OR SUPPLIER **IONIE'S ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **3447 ALISSA COURT** **ORLANDO, FL 32808**	

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

0000 - Initial Comments

11/7/18 desk review conducted to complaint #2018000626. Ionie's Assisted Living, license #9336, had no deficiencies at the time of the review.