STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964828	R **10/31/2018**
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

A revisit to a re-licensure survey was conducted on 10/31/2018. Ionie's Assisted Living Facility (License #9336) had no deficiencies at the time of the visit.