STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969459	**11/13/2018**
NAME OF PROVIDER OR SUPPLIER **SAGE PARK OSCEOLA ASSISTED LIVING AND**	STREET ADDRESS, CITY, STATE, ZIP CODE **1701 BALL PARK RD KISSIMMEE, FL 34741**	

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

0000 - Initial Comments

The initial licensure survey Limited Nursing Services (LNS) was conducted on 11/13/2018. Sage Park Osceola Assisted Living and Memory Care had no deficiencies found at the time of the visit.