

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/07/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911279	(X3) DATE SURVEY COMPLETED 11/13/2018
NAME OF PROVIDER OR SUPPLIER GREEN TREE ASSISTED LIVING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 8207 FOREST CITY ROAD ORLANDO, FL 32810	

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

0000 - Initial Comments

A complaint investigation # 2018014872 was conducted for Green Tree Assisted Living, LLC Assisted Living Facility license #5578 on 11/13/18 there were no deficiencies at the time of the visit.