

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/02/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969074	(X3) DATE SURVEY COMPLETED R 12/20/2018
NAME OF PROVIDER OR SUPPLIER INSPIRED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1061 TOMYN BLVD OCOE, FL 34761	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments 11/14/18 Desk Review to Change of Ownership with Limited Nursing Services conducted. Inspired Living, license #70261, had no deficiencies at the time of the review.		