

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/02/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966600	(X3) DATE SURVEY COMPLETED 11/27/2018
NAME OF PROVIDER OR SUPPLIER TRANSFORMATION ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1963 CONTINENTAL BLVD ORLANDO, FL 32808	

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

0000 - Initial Comments

A monitoring visit for Limited Nursing (LNS) was conducted on 11/27/18. Transformation Assisted Living license #10774 had no deficiencies at the time of the visit.