

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/03/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968455	(X3) DATE SURVEY COMPLETED C 01/23/2018
NAME OF PROVIDER OR SUPPLIER GARDENS AT MONTVERDE LLC, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 15425 CR 455 MONTVERDE, FL 34756	

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

0000 - Initial Comments

An unannounced complaint survey (CCR#2017014176) was conducted on 01/23/2018 at Gardens of Montverde (License #12341), Montverde, FL. No deficient practice was identified at the time of the survey.