STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922275	C **08/03/2017**
NAME OF PROVIDER OR SUPPLIER **KIVA OF MOUNT DORA**	STREET ADDRESS, CITY, STATE, ZIP CODE **505 E. 9TH AVENUE** **MOUNT DORA, FL 32757**	

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

0000 - Initial Comments

An unannounced abbreviated biennial licensure survey with Limited Nursing Services was conducted on 08/03/2017 at Kiva of Mount Dora (License #7959), FL. No deficient practice was identified at the time of the survey.