

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/09/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911279	(X3) DATE SURVEY COMPLETED R 12/21/2018
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 12/21/18 desk review completed to complaint #2018012822. Green Tree Assisted Living LLC, license #5578, had no deficiencies at the time of the review.		