STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969022	R **12/26/2018**
NAME OF PROVIDER OR SUPPLIER **EXCELLENCE ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **2250 S SEMORAN BLVD** **ORLANDO, FL 32822**	

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

0000 - Initial Comments

A revisit was conducted to Complaint #2018001731 on 12/26/2018. Excellence Assisted Living Facility (License #12850) had no deficiencies at the time of the visit.