

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/13/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967134	(X3) DATE SURVEY COMPLETED 01/03/2019
NAME OF PROVIDER OR SUPPLIER CARMITA'S HOME HEALTH, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2700 CONWAY GARDENS ROAD ORLANDO, FL 32806	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced monitoring visit related to emergency environmental control planning was conducted at Carmita's ALF (#11236) on January 3, 2019. No deficient practices were found at the time of the visit.		