

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/22/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911325	(X3) DATE SURVEY COMPLETED R 01/30/2019
NAME OF PROVIDER OR SUPPLIER HPLS ASSISTED LIVING INC	STREET ADDRESS, CITY, STATE, ZIP CODE 300 EAST KALEY AVENUE ORLANDO, FL 32806	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A revisit to the Limited Nursing Monitoring was conducted on 1/30/2019. HPLS, Orlando (LIC#5886) had no deficiencies at the time of the visit.		