

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/22/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968271	(X3) DATE SURVEY COMPLETED R 02/07/2019
NAME OF PROVIDER OR SUPPLIER ANNE'S HOME ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 955 TUSKAWILLA RD WINTER SPRINGS, FL 32708	

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

0000 - Initial Comments

A second revisit for Complaint Investigation #2018010849 was conducted on 2/7/2019. Anne's Home ALF Inc. (License #12189) had no deficiencies at the time of the visit.