

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 02/22/2019
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964459	(X3) DATE SURVEY COMPLETED 01/23/2019
NAME OF PROVIDER OR SUPPLIER CITRUS GARDEN ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 4805 EAST LAKE DRIVE WINTER SPRINGS, FL 32708	

**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 on 1/23/19. Citrus Garden ALF (license # 9138) had no deficiencies at the time of the visit.