

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/22/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964655	(X3) DATE SURVEY COMPLETED 01/24/2019
NAME OF PROVIDER OR SUPPLIER FREMONT MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 909 FREMONT AVENUE WINTER PARK, FL 32789	

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 1/24/19. Freemont Manor ALF (lic #52195) had no deficiencies at the time of the visit.