

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/22/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969478	(X3) DATE SURVEY COMPLETED 02/06/2019
NAME OF PROVIDER OR SUPPLIER THE COURTYARD AT GRANADA	STREET ADDRESS, CITY, STATE, ZIP CODE 1501 GRANADA BOULEVARD KISSIMMEE, FL 34746	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments The initial licensure survey conducted on 02/06/2019. The Courtyard at Granada had no deficiencies found at the time of the visit.		