

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/22/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968376	(X3) DATE SURVEY COMPLETED 01/03/2019
NAME OF PROVIDER OR SUPPLIER CARMITAS ASSISTING LIVING FACILITY III, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 939 PARK MANOR DR ORLANDO, FL 32825	

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 1/3/19. Carmita's III ALF (#119689985) had no deficiencies at the time of the visit.