STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968985	**01/03/2019**
NAME OF PROVIDER OR SUPPLIER **CARMITA'S ASSISTING LIVING FACILITY IV LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1103 MARSCASTLE AVE** **ORLANDO, FL 32812**	

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 1/3/19. Carmita's IV ALF (license #12807) had no deficiencies at the time of the visit.