

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/07/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964327	(X3) DATE SURVEY COMPLETED R 03/04/2019
NAME OF PROVIDER OR SUPPLIER SEMINOLE ACRES KANLAKE II	STREET ADDRESS, CITY, STATE, ZIP CODE 3562 SEMINOLE ROAD FORT PIERCE, FL 34951	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced Relicensure revisit survey was conducted as a desk review on 03/04/19 at Seminole Acres Kanlake II, License #9025. The facility corrected the outstanding deficiencies at the time of the revisit.