

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/08/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967903	(X3) DATE SURVEY COMPLETED 02/20/2019
NAME OF PROVIDER OR SUPPLIER ALL SENIORS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 2706 PIONEER ROAD ORLANDO, FL 32808	

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

0000 - Initial Comments

An annual monitoring visit for a re-licensure survey Event ID #PARU11 regarding resident supervision was conducted on 2/20/2019. All Seniors Assisted Living Facility with Limited Mental Health (LMH); License #11853 had no deficiencies at the time of the visit.