

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/08/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967056	(X3) DATE SURVEY COMPLETED 02/19/2019
NAME OF PROVIDER OR SUPPLIER KARE ASSISTED LIVING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2715 UINTAH AVENUE ORLANDO, FL 32805	

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

0000 - Initial Comments

The re-licensure survey was conducted on 2/20/2019-2/21/2019. Kare Assisted Living, Orlando (LIC#11143) had no deficiencies at the time of the visit.