

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/08/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966837	(X3) DATE SURVEY COMPLETED R 01/23/2019
NAME OF PROVIDER OR SUPPLIER AASBURY MANOR ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 5302 SATEL DR ORLANDO, FL 32810	

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

0000 - Initial Comments

A revisit to the re-licensure survey was conducted on 1/23/2019. Aasbury Manor, (LIC#10956) had no deficiencies at the time of the visit.