

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 03/22/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966911	(X3) DATE SURVEY COMPLETED 02/26/2019
NAME OF PROVIDER OR SUPPLIER SMALLVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 10144 BROWNWOOD AVENUE ORLANDO, FL 32825	

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

0000 - Initial Comments

The re-licensure survey was conducted on 2/26/2019. Smallville license #10997 did not have any deficiencies at the time of the visit.