STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911318	R **03/05/2019**
NAME OF PROVIDER OR SUPPLIER **ISLANDS ALF (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **901 NORTH HIAWASSEE ROAD** **ORLANDO, FL 32818**	

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

0000 - Initial Comments

A revisit to a re-licensure survey was conducted on 3/5/2019. The Islands Assisted Living Facility with Limited Nursing Services (LNS) and Limited Mental Health (LMH), License #4690 had no deficiencies at the time of the visit.