

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 03/29/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964459	(X3) DATE SURVEY COMPLETED R 03/19/2019
NAME OF PROVIDER OR SUPPLIER CITRUS GARDEN ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 4805 EAST LAKE DRIVE WINTER SPRINGS, FL 32708	

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

0000 - Initial Comments

A revisit to complaint investigation #2019000972 was conducted 3/19/190. Citrus Garden Assisted Living Facility, License #9138 had no deficiencies at the time of the visit.