

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/02/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965786	(X3) DATE SURVEY COMPLETED R 03/21/2019
NAME OF PROVIDER OR SUPPLIER FOUR SEASONS ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 5080 WAYSIDE DRIVE SANFORD, FL 32771	

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

0000 - Initial Comments

A revisit to unannounced monitoring visit related to emergency environmental control planning was conducted on 3/21/19. Four Seasons ALF (license #10157) had no deficiency at the time of the visit.