

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/17/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965833	(X3) DATE SURVEY COMPLETED C 02/14/2019
NAME OF PROVIDER OR SUPPLIER RESIDENCE OF CLERMONT	STREET ADDRESS, CITY, STATE, ZIP CODE 1600 HUNT TRACE BOULEVARD CLERMONT, FL 34711	

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

0000 - Initial Comments

On 02/14/2019, an unannounced complaint investigation survey (CCR#2019002081) was conducted at Residences of Clermont an Assisted Living Facility located in Clermont, FL. No deficient practice was identified at the time of the survey.