

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/03/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969462	(X3) DATE SURVEY COMPLETED R 04/16/2019
NAME OF PROVIDER OR SUPPLIER BALM OF GILEAD	STREET ADDRESS, CITY, STATE, ZIP CODE 517 MOCKINGBIRD LN ALTAMONTE SPRINGS, FL 32714	

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

0000 - Initial Comments

A revisit to the initial licensure survey was conducted on 04/16/19. Balm of Gilead Assisted Living Facility had no deficiencies at the time of the visit.