

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 05/03/2019
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968343	(X3) DATE SURVEY COMPLETED R 04/17/2019
NAME OF PROVIDER OR SUPPLIER MJ PAVILLION INC	STREET ADDRESS, CITY, STATE, ZIP CODE 728 SOUTH ENDEAVOR DR WINTER SPRINGS, FL 32708	

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

0000 - Initial Comments

A desk review to the re-licensure survey was conducted on April 17, 2019. M J Pavillion Inc., license #12252, deficiency was cleared at the time of the desk review.