

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/08/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911325	(X3) DATE SURVEY COMPLETED R 04/30/2019
NAME OF PROVIDER OR SUPPLIER HPLS ASSISTED LIVING INC	STREET ADDRESS, CITY, STATE, ZIP CODE 300 EAST KALEY AVENUE ORLANDO, FL 32806	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Desk review to the Complaint Investigation #2018000656 was conducted on 4/30/19/2018. HPLS Assisted Living Inc. (License #5886) deficiency was corrected at the time		