STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968376	R **05/14/2019**
NAME OF PROVIDER OR SUPPLIER **CARMITAS ASSISTING LIVING FACILITY III, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **939 PARK MANOR DR** **ORLANDO, FL 32825**	

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

0000 - Initial Comments

A desk review for the re-licensure survey was conducted on 05/14/2019. Carmita's Assisting Living Facility III, LLC license 12312, deficiency were corrected.