

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/30/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968547	(X3) DATE SURVEY COMPLETED 05/21/2019
NAME OF PROVIDER OR SUPPLIER IDEAL CARE ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 612 SPRING OAK CIRCLE ORLANDO, FL 32828	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced monitoring visit related to emergency environmental control plan was conducted at Ideal Care ALF, located in Orlando, Florida on 05/21/2019. There were no deficient practice found at the time of the monitoring visit.		