

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/11/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969003	(X3) DATE SURVEY COMPLETED R 06/06/2019
NAME OF PROVIDER OR SUPPLIER MERRILL GARDENS AT SOLVITA MARKETPLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 MARIGOLD AVE KISSIMMEE, FL 34758	

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

0000 - Initial Comments

A revisit to a biennial survey was conducted at Merrill Gardens at Solivita Marketplace on 6/6/19. Deficiencies were found to be corrected at the time of the survey.