

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/26/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967056	(X3) DATE SURVEY COMPLETED R 04/26/2019
NAME OF PROVIDER OR SUPPLIER KARE ASSISTED LIVING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2715 UINTAH AVENUE ORLANDO, FL 32805	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced monitoring re-visit related to emergency environmental control planning was conducted at Kane's Assisted Living ALF (license #49573) on April 26, 2019. This was a revisit of the assessment conducted on 3/19/19. No deficient practices were found at the time of the visit and all previously cited deficiencies were corrected.		