

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/26/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968271	(X3) DATE SURVEY COMPLETED R 08/13/2019
NAME OF PROVIDER OR SUPPLIER ANNE'S HOME ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 955 TUSKAWILLA RD WINTER SPRINGS, FL 32708	

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

0000 - Initial Comments

A revisit to a generator monitoring was conducted at Anne's Home ALF Inc. on 8/13/2019. Deficiencies were found to be corrected at the time of the survey.