STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969074	**08/16/2018**
NAME OF PROVIDER OR SUPPLIER **INSPIRED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **1061 TOMYN BLVD** **OCOEE, FL 34761**	

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

0000 - Initial Comments

Complaint investigation # 2018007511 was conducted on 8/15 and 8/16/18, with no deficiencies cited regarding the complaint. In addition, the Change of Ownership (CHOW) with Limited Nursing Services (LNS) survey was conducted. Inspired Living license # 12906 had deficiencies found at the time of the visit pertaining to the CHOW survey.