

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/06/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966934	(X3) DATE SURVEY COMPLETED R 08/22/2019
NAME OF PROVIDER OR SUPPLIER WHITE FLOWERS	STREET ADDRESS, CITY, STATE, ZIP CODE 801 ARDENLEIGH DRIVE ORLANDO, FL 32828	

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

0000 - Initial Comments

A second revisit to the re-licensure survey was conducted at White Flowers on 8/22/18. Deficiencies were found to be corrected at the time of the survey.