| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11969160** | R<br>**09/25/2019** |
| NAME OF PROVIDER OR SUPPLIER<br>**PRECIOUS MOMENTS FAMILY LIVING INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**4300 ANTHONY LN**<br>**ORLANDO, FL 32822** | |

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

**0000 - Initial Comments**

A desk review to re-licensure survey was conducted. Precious Moments Family Living, Orlando LIC#12998 is in compliance as of 9/25/19.