

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/31/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969022	(X3) DATE SURVEY COMPLETED 12/21/2017
NAME OF PROVIDER OR SUPPLIER EXCELLENCE ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2250 S SEMORAN BLVD ORLANDO, FL 32822	

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

0000 - Initial Comments

A complaint investigation (CCR 2017011076) was conducted on 12/21/17. Excellence Assisted Living Facility (license 12850) had no deficiencies found at the time of the visit.