

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/23/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964327	(X3) DATE SURVEY COMPLETED R 02/13/2018
NAME OF PROVIDER OR SUPPLIER SEMINOLE ACRES KANLAKE II	STREET ADDRESS, CITY, STATE, ZIP CODE 3562 SEMINOLE ROAD FORT PIERCE, FL 34951	

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

0000 - Initial Comments

A Revisit to the complaint investigation, CCR #2017010487, was conducted on February 13, 2018 at Seminole Acres Kanlake II, License #9025. Previously cited deficiencies were corrected.

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