

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/02/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910117	(X3) DATE SURVEY COMPLETED R 11/19/2018
NAME OF PROVIDER OR SUPPLIER HARMONY RETIREMENT LIVING, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1411 EL PASO AVENUE ORLANDO, FL 32806	

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

0000 - Initial Comments

11/19/18 Desk Review to complaint #2018009041 completed. Harmony Retirement Living, Inc., license #7361, had no deficiencies at the time of the review.