

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/26/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11943128	(X3) DATE SURVEY COMPLETED R 08/08/2019
NAME OF PROVIDER OR SUPPLIER ST MARY'S HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 718 W. WINTER PARK STREET ORLANDO, FL 32804	

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

0000 - Initial Comments

A revisit to a generator monitoring was conducted at St. Mary's Home Assisted Living Facility with Limited Mental Health (LMH) on 8/8/2019. Deficiencies were found to be corrected at the time of the survey.