

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/06/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967010	(X3) DATE SURVEY COMPLETED R 08/21/2019
NAME OF PROVIDER OR SUPPLIER VIEW AT WINTER PARK (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 1047 PRINCESS GATE BLVD WINTER PARK, FL 32792	

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

0000 - Initial Comments

A revisit to the relicensure survey was conducted at The View at Winter Park on 08/21/2019. No deficiencies were found at the time of the visit.