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| STATEMENT OF DEFICIENCIES                              | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11969074</b>        | (X3) DATE SURVEY COMPLETED<br><br><b>02/07/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><b>INSPIRED LIVING</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1061 TOMYN BLVD<br/>OCOE, FL 34761</b> |   |

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

**0000 - Initial Comments**

A complaint investigation #2018016094 was conducted on 2/7/19. Inspired Living Assisted Living Facility License #12906 had no deficiencies at the time of the visit.

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