STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910310	R **04/11/2017**
NAME OF PROVIDER OR SUPPLIER **COUNTRYSIDE LAKES**	STREET ADDRESS, CITY, STATE, ZIP CODE **941 VILLAGE TRAIL** **PORT ORANGE, FL 32127**	

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

0000 Initial Comments

The deficiencies were corrected at the time of the desk review.