

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/02/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967859	(X3) DATE SURVEY COMPLETED 04/28/2017
NAME OF PROVIDER OR SUPPLIER DESOTO CARE - NOCATEE	STREET ADDRESS, CITY, STATE, ZIP CODE 2605 SW BALDWIN ST ARCADIA, FL 34266	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced Limited Nursing Service survey was conducted on 4/28/17 at Desoto Care -Nocatee, an assisted living facility (license #11787) located in Arcadia Florida. No deficiencies were found at the time of the visit.		