STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911155	R **07/26/2017**
NAME OF PROVIDER OR SUPPLIER **WORC HAVEN, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **1090 JIMMY ANN DRIVE** **DAYTONA BEACH, FL 32117**	

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

0000 - Initial Comments

The deficiency was corrected at the time of the desk review.