STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911132	R **07/27/2017**
NAME OF PROVIDER OR SUPPLIER **OCEAN VIEW MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **624 S ATLANTIC AVENUE** **DAYTONA BEACH, FL 32118**	

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.