

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/15/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964707	(X3) DATE SURVEY COMPLETED 09/05/2017
NAME OF PROVIDER OR SUPPLIER INDIGO PALMS	STREET ADDRESS, CITY, STATE, ZIP CODE 570 NATIONAL HEALTHCARE BLVD DAYTONA BEACH, FL 32114	

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

0000 - Initial Comments

A complaint investigation (CCR #2017008058) was conducted at Indigo Palms Assisted Living Facility on 9/5/17. Indigo Palms Assisted Living Facility did not have a deficiency at the time of the investigation.