STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966134	R **09/06/2017**
NAME OF PROVIDER OR SUPPLIER **GOOD SAMARITAN CARE CENTER, AL**	STREET ADDRESS, CITY, STATE, ZIP CODE **6 RESTON PLACE** **PALM COAST, FL 32164**	

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

0000 - Initial Comments

All of the deficiencies were found corrected at the time of the desk review.