STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910310	**09/25/2017**
NAME OF PROVIDER OR SUPPLIER **COUNTRYSIDE LAKES**	STREET ADDRESS, CITY, STATE, ZIP CODE **941 VILLAGE TRAIL** **PORT ORANGE, FL 32127**	

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

0000 - Initial Comments

An unannounced complaint survey CCR #2017007345 was conducted on 9/29/2017. Countryside Lakes had no licensure deficiencies at the time of the visit.