

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/11/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911436	(X3) DATE SURVEY COMPLETED R 10/10/2017
NAME OF PROVIDER OR SUPPLIER WOODLAND TOWERS	STREET ADDRESS, CITY, STATE, ZIP CODE 113 CHIPOLA AVENUE DELAND, FL 32720	

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

0000 - Initial Comments

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