

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/11/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966430	(X3) DATE SURVEY COMPLETED R 10/09/2017
NAME OF PROVIDER OR SUPPLIER GENTLE CARE ASSISTED LIVING, I	STREET ADDRESS, CITY, STATE, ZIP CODE 66 BLARE CASTLE DRIVE PALM COAST, FL 32137	
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 follow up visit.		