STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966430	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

The deficiency was found corrected at the time of the follow-up visit.