STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969201	**10/09/2017**
NAME OF PROVIDER OR SUPPLIER **GOLD CHOICE DELTONA**	STREET ADDRESS, CITY, STATE, ZIP CODE **2310 N NORMANDY BLVD** **DELTONA, FL 32725**	

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

0000 - Initial Comments

An intial licensure survey with Limited Nursing Services was conducted on 10/9/2017 at Gold Choice Deltona Assisted Living Facility. Deficient practice was not identified during the survey.