

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 10/24/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963806	(X3) DATE SURVEY COMPLETED R 10/23/2017
NAME OF PROVIDER OR SUPPLIER ORMOND IN THE PINES	STREET ADDRESS, CITY, STATE, ZIP CODE 101 CLYDE MORRIS BLVD ORMOND BEACH, FL 32174	
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 desk review.		