STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911795	R **11/07/2017**
NAME OF PROVIDER OR SUPPLIER **GOOD SAMARITAN SOCIETY-FLORIDA LUTHERAN**	STREET ADDRESS, CITY, STATE, ZIP CODE **450 NORTH MCDONALD AVENUE** **DELAND, FL 32724**	

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

0000 - Initial Comments

The deficiency was corrected at the time of the desk review.