STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965270	R **12/08/2017**
NAME OF PROVIDER OR SUPPLIER **MAGNOLIA MANOR OF PALM COAST,**	STREET ADDRESS, CITY, STATE, ZIP CODE **35 BURNING SANDS LANE** **PALM COAST, FL 32137**	

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

0000 - Initial Comments

All the deficiencies were found corrected at the time of the desk review.

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