STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967859	**11/14/2017**
NAME OF PROVIDER OR SUPPLIER **DESOTO CARE - NOCATEE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2605 SW BALDWIN ST** **ARCADIA, FL 34266**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on 11/14/17 at Desoto Care- Nocatee, an assisted living facility (license #11787) in Arcadia, Florida.

No deficiencies were found at the time of the visit.