STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910299	**04/04/2018**
NAME OF PROVIDER OR SUPPLIER **GROVES AT THE ALLIANCE COMMUNITY, THE**	STREET ADDRESS, CITY, STATE, ZIP CODE **638 S WOODLAND BLVD** **DELAND, FL 32720**	

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

0000 - Initial Comments

An abbreviated Assisted Living Facility Survey was conducted on 4/4/2018.

The Groves at the Alliance Community had no licensure deficiencies at the time of the survey.