

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/18/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911436	(X3) DATE SURVEY COMPLETED R 04/16/2018
NAME OF PROVIDER OR SUPPLIER WOODLAND TOWERS	STREET ADDRESS, CITY, STATE, ZIP CODE 113 CHIPOLA AVENUE DELAND, FL 32720	

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.