STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968253	**03/06/2018**
NAME OF PROVIDER OR SUPPLIER **GENTLE CARE ASSISTED LIVING 3**	STREET ADDRESS, CITY, STATE, ZIP CODE **27 ROLLING SANDS DR** **PALM COAST, FL 32164**	

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

0000 - Initial Comments

A biennial licensure survey was conducted on 3/6/18 at Gentle Care 3 ALF in Palm Coast Florida. There were no deficiencies found at the time of the visit.

License # 12174