

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 07/13/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964280	(X3) DATE SURVEY COMPLETED R 07/10/2018
NAME OF PROVIDER OR SUPPLIER MAGNOLIA MANOR AT DAYTONA BEACH, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 252 FOREST LAKE BLVD DAYTONA BEACH, FL 32119	

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

0000 - Initial Comments

The deficiency was found corrected at the time of the desk review.