

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/17/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963806	(X3) DATE SURVEY COMPLETED 06/20/2018
NAME OF PROVIDER OR SUPPLIER ORMOND IN THE PINES	STREET ADDRESS, CITY, STATE, ZIP CODE 101 CLYDE MORRIS BLVD ORMOND BEACH, FL 32174	

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

0000 - Initial Comments

An unannounced complaint survey, CCR #2018003746 and CCR #2018004053, was conducted on June 20, 2018 at Ormond in the Pines (License # AL5535). No deficiencies were identified at the time of the survey.