STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963902	R **07/23/2018**
NAME OF PROVIDER OR SUPPLIER **AMERICARE ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **2992 DAY ROAD** **DELTONA, FL 32738**	

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.