STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969201	R **09/25/2018**
NAME OF PROVIDER OR SUPPLIER **GOLD CHOICE DELTONA**	STREET ADDRESS, CITY, STATE, ZIP CODE **2310 N NORMANDY BLVD** **DELTONA, FL 32725**	

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

0000 - Initial Comments

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