STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966430	R **09/18/2018**
NAME OF PROVIDER OR SUPPLIER **GENTLE CARE ASSISTED LIVING, I**	STREET ADDRESS, CITY, STATE, ZIP CODE **66 BLARE CASTLE DRIVE** **PALM COAST, FL 32137**	

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

0000 - Initial Comments

A follow up to a complaint investigation (CCR #2018006160) was conducted at Gentle Care Assisted Living on 9/18/2018. Gentle Care Assisted Living had no deficiencies at the time of the investigation.