STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969124	**10/30/2018**
NAME OF PROVIDER OR SUPPLIER **DELAND MANOR ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **245 S AMELIA AVE** **DE LAND, FL 32724**	

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

0000 - Initial Comments

An unannounced biennial relicensure survey with Emergency Power Plan monitoring was conducted on 10/30/2018 at DeLand Manor Assisted Living (License #12944). The facility had no licensure deficiencies at the time of the visit.