STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969201	**11/09/2018**
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

An unannounced complaint survey, CCR# 2018012294 and CCR# 2018014868, was conducted on November 8, 2018 and November 9, 2018 at Gold Choice Deltona (License #AL13087).

Gold Choice Deltona had no deficiencies found at the time of the investigation.
An unannounced complaint survey, (CCR #2018014868 and CCR #2018012294)) was conducted on 11/07-08/18 at Gold Choice Deltona ALF. Deficient practice was not identified at the time of the survey.