STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965709	R **12/03/2018**
NAME OF PROVIDER OR SUPPLIER **GOOD SAM'S ASSISTED LIVING RESIDENCE, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1 PEBBLEWOOD LANE** **PALM COAST, FL 32164**	

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

0000 - Initial Comments

All of the deficiencies was found corrected at the time of the desk review.