STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967916	R **12/27/2018**
NAME OF PROVIDER OR SUPPLIER **MI CASITA ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **630 STALLINGS AVE** **DELTONA, FL 32738**	

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

0000 - Initial Comments

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

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968150	R **12/28/2018**
NAME OF PROVIDER OR SUPPLIER **SOUTHERN BREEZE LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **18 WOODWARD LN** **PALM COAST, FL 32164**	

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

0000 - Initial Comments

All of the deficiencies were corrected at the time of the desk review.