STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910337	R **01/14/2019**
NAME OF PROVIDER OR SUPPLIER **INDIGO PALMS AT THE MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **595 WILLIAMSON BLVD.** **DAYTONA BEACH, FL 32114**	

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

0000 - Initial Comments

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