

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/18/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964707	(X3) DATE SURVEY COMPLETED 01/02/2019
NAME OF PROVIDER OR SUPPLIER INDIGO PALMS	STREET ADDRESS, CITY, STATE, ZIP CODE 570 NATIONAL HEALTHCARE BLVD DAYTONA BEACH, FL 32114	

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

0000 - Initial Comments

A complaint investigation (CCR #2018013393) was conducted at Indigo Palms (License Number: 9261) on 1/2/2019. Indigo Palms did not have deficiencies at the time of the investigation.