STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968974	C **11/14/2018**
NAME OF PROVIDER OR SUPPLIER **VINTAGE CARE SENIOR HOUSING**	STREET ADDRESS, CITY, STATE, ZIP CODE **203 S MOODY RD** **PALATKA, FL 32177**	

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

0000 - Initial Comments

On November 14, 2018, an unannounced complaint investigation survey (CCR #2018016277) was conducted at Vintage Care Senior Housing Assisted Living Facility (License #12812). No deficient practice was identified at the time of the survey.