

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/21/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969498	(X3) DATE SURVEY COMPLETED 02/19/2019
NAME OF PROVIDER OR SUPPLIER ORMOND MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 495 STERTHAUS DRIVE ORMOND BEACH, FL 32174	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 - Initial Comments

On February 19, 2019 an initial licensure survey along with emergency power plan survey was conducted at Ormond Manor. Deficient practice was not identified during the survey.