STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965402	R **04/24/2019**
NAME OF PROVIDER OR SUPPLIER **ATRIA PORT ORANGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1675 DUNLAWTON AVENUE** **PORT ORANGE, FL 32127**	

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

0000 - Initial Comments

A desk review revisit to a CHOW and LNS survey was conducted at Atria Port Orange on April 24, 2019. Deficiencies were corrected at the time of the desk review.