STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964707	R **05/01/2019**
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 desk review revisit survey was conducted at Indigo Palms on May 1, 2019. Deficiencies were found to be corrected at time of the desk review.