

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/17/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963806	(X3) DATE SURVEY COMPLETED R 06/12/2019
NAME OF PROVIDER OR SUPPLIER ORMOND IN THE PINES	STREET ADDRESS, CITY, STATE, ZIP CODE 101 CLYDE MORRIS BLVD ORMOND BEACH, FL 32174	

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

0000 - Initial Comments

A desk review revisit to a complaint survey, CCR# 2018018105 and CCR# 2019001348 survey was conducted at Ormond in the Pines on June 12, 2019. Deficiencies were found to be corrected at the time of the survey.