STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969524	C **06/07/2019**
NAME OF PROVIDER OR SUPPLIER **DORALUS HOMECARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1441 13TH ST** **CLERMONT, FL 34711**	

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

0000 - Initial Comments

An announced initial licensure survey and Emergency Power Plan monitoring survey was conducted at Doralus Homecare on June 7, 2019. The provider had no deficiencies at the time of the visit.