STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969201	**06/12/2019**
NAME OF PROVIDER OR SUPPLIER **GOLD CHOICE DELTONA**	STREET ADDRESS, CITY, STATE, ZIP CODE **2310 N NORMANDY BLVD** **DELTONA, FL 32725**	

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

0000 - Initial Comments

A complaint investigation (complaint number 2019004573) was conducted at Gold Choice Deltona on June 12, 2019. The facility had no deficiencies at the time of the survey.