

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/06/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966947	(X3) DATE SURVEY COMPLETED 10/25/2017
NAME OF PROVIDER OR SUPPLIER DESOTO CARE ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 1711 SW COUNTY RD 760 A ARCADIA, FL 34266	

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

0000 - Initial Comments

A unannounced relicensure survey was conducted on 10/25/17 at Desoto Care ALF, an assisted living facility (License #11052) in Arcadia Florida.

No deficiencies were found at the time of the visit.