

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/20/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966947	(X3) DATE SURVEY COMPLETED 03/07/2019
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

An unannounced emergency power plan monitoring survey was conducted on 3/7/2019 at Desoto Care ALF (license #11052) an assisted living facility in Arcadia Florida.

No deficiencies were found at the time of the visit.