STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968910	01/09/2017
NAME OF PROVIDER OR SUPPLIER **PALMS AT PONTE VEDRA ASSISTED LIVING & MEMORY**	STREET ADDRESS, CITY, STATE, ZIP CODE **405 SOLANA RD** **PONTE VEDRA, FL 32082**	

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

0000 Initial Comments

On January 9, 2016 a Limited Nursing Services survey was conducted at the Palms at Ponte Vedra Assisted Living and Memory Care (License #12734). Deficient practice was not identified during the survey.

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

January 13, 2017

Administrator
Palms at Ponte Vedra Assisted Living & Memory Care
405 Solana Road
Ponte Vedra, FL 32082

Dear Administrator:

This letter reports findings of a state licensure Limited Nursing Services survey that was conducted on January 9, 2017 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (904) 798-4201.

Sincerely,

Amanda Wisehart
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JS/AW/sm
Enclosure

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