STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967189	R **04/11/2017**
NAME OF PROVIDER OR SUPPLIER **PRINCETON VILLAGE OF PALM COAST**	STREET ADDRESS, CITY, STATE, ZIP CODE **100 MAGNOLIA TRACEWAY** **PALM COAST, FL 32164**	

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

0000 Initial Comments

All deficiencies were corrected at the time of the desk review.