

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/02/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953279	(X3) DATE SURVEY COMPLETED 04/26/2017
NAME OF PROVIDER OR SUPPLIER PALMS OF PUNTA GORDA (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 2295 SHREVE STREET PUNTA GORDA, FL 33950	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced complaint survey for CCR# 2017001139 was conducted on 4/26/17 at The Palms of Punta Gorda, an assisted living facility (license #3915) located in Punta Gorda, Florida. The complaint contained 2 allegations, of which 1 was unsubstantiated and 1 was substantiated without deficiency. No deficiencies were found at the time of the visit.		