STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911336	R **04/27/2017**
NAME OF PROVIDER OR SUPPLIER **KIMBERLY PLACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **26315 NORTHERN CROSS ROAD** **PUNTA GORDA, FL 33983**	

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

0000 - Initial Comments

An unannounced second revisit survey was conducted on 4/27/17 at Kimberly Place, an assisted living facility (license #7594) located in Punta Gorda, Florida.

This was a follow-up to the first revisit survey completed on 3/13/17.

The previous deficiency was found corrected and no new deficiencies were identified.