STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968910	**04/17/2017**
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

Two unannounced assisted living complaints, CCR #2017000855 & 2017001621 were conducted on .

Palms at Ponte Vedra Assisted Living & Memory Care had licensure deficiencies at the time of the visit.

0008 Admissions - Health Assessment

Based on record review and staff interview, the facility failed to have a complete Health Assessment (1823) for 1 of 4 sampled residents, Resident #4.

The findings include:

Resident #4 was admitted on . Her Health Assessment (1823) on page 4 medication list was blank. Also the physician did not sign the date of the assessment. The Administrator on at 4:21 p.m. confirmed the Health Assessment was not complete.

Class III