

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/31/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968910	(X3) DATE SURVEY COMPLETED R 05/22/2017
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

The deficiency was corrected at the time of desk review.