

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/19/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953544	(X3) DATE SURVEY COMPLETED R 06/08/2017
NAME OF PROVIDER OR SUPPLIER PALMS VILLA	STREET ADDRESS, CITY, STATE, ZIP CODE 2131 NW 28TH STREET OAKLAND PARK, FL 33311	

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

0000 - Initial Comments

A desk review revisit survey to the Relicensure survey was conducted on 06/08/2017 for Palms Villa Retirement Home (License#4990). The facility had no uncorrected deficiencies at the time of the survey.