STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966404	R **06/07/2017**
NAME OF PROVIDER OR SUPPLIER **ARC OF PUTNAM COUNTY INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2901 KENNEDY STREET** **PALATKA, FL 32177**	

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

0000 - Initial Comments

A follow up to a biennial relicensure survey was conducted on June 7, 2017 at The ARC of Putnam County Assisted Living Facility, License #10625. Deficient practice was not identified during the survey.