STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967581	R **07/06/2017**
NAME OF PROVIDER OR SUPPLIER **PUTNAM CAREGIVERS LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **110 ROBERTS COURT** **PALATKA, FL 32177**	

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

0000 - Initial Comments

On 07/06/17 an unannounced follow-up Biennial and Limited Nursing Survey (LNS) was conducted at Putnam Care Givers Assisted Living Facility License#AL11619. Deficiencies previously identified were corrrcted. The facility is in compliance at this time.