STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968910	R **07/11/2017**
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 the desk review.