STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968974	**07/03/2017**
NAME OF PROVIDER OR SUPPLIER **VINTAGE CARE SENIOR HOUSING**	STREET ADDRESS, CITY, STATE, ZIP CODE **203 S MOODY RD** **PALATKA, FL 32177**	

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

0000 - Initial Comments

An initial Limited Nursing Survey (LNS) was conducted on 07/03/2017, at Vintage Care Senior Housing in Palatka. The agency did not have any defiencies as a result of this survey.