

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/13/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968910	(X3) DATE SURVEY COMPLETED 10/12/2017
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

On October 12, 2017 an unannounced biennial re-licensure survey with LNS was conducted at Palms At Ponte Vedra Assisted Living & Memory Care (license #12734). Deficient Practice was not identified during the survey.