

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/13/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969287	(X3) DATE SURVEY COMPLETED 10/31/2017
NAME OF PROVIDER OR SUPPLIER PALMER OAKS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1525 PALMER AVE WINTER PARK, FL 32789	

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

0000 - Initial Comments

An initial Licensure survey was conducted on 10/31/2017. Palmer Oaks, LLC had no deficiencies at the time of the visit.