STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932626	R **11/28/2017**
NAME OF PROVIDER OR SUPPLIER **PALACE RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **965 S. FLORIDA AVENUE** **ROCKLEDGE, FL 32955**	

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

0000 - Initial Comments

11/28/17 Desk review completed to Relicensure survey. Palace Retirement Home, license #7949, had no deficiencies at the time of the review.