

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/19/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953279	(X3) DATE SURVEY COMPLETED 12/05/2017
NAME OF PROVIDER OR SUPPLIER PALMS OF PUNTA GORDA (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 2295 SHREVE STREET PUNTA GORDA, FL 33950	

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

0000 - Initial Comments

An unannounced Extended Congregate Care survey was conducted on 12/5/2017 at The Palms of Punta Gorda, an assisted living facility (license #8469) in Punta Gorda, Florida.

No deficiency were identified at the time of the visit.