

**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 R 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 revisit survey was completed on 12/05/17 at The Palms of Punta Gorda, an assisted living facility (license #8469) in Punta Gorda, Florida. This was a follow-up to the complaint survey completed on 11/03/17. The previous deficiencies were found corrected and no new deficiencies were identified.		