STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910339	R **01/24/2018**
NAME OF PROVIDER OR SUPPLIER **PARK OF THE PALMS**	STREET ADDRESS, CITY, STATE, ZIP CODE **231 MARANATHA RD** **KEYSTONE HEIGHTS, FL 32656**	

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

0000 - Initial Comments

The deficiency was corrected at the time of the desk review.