STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968304	**02/06/2018**
NAME OF PROVIDER OR SUPPLIER **THE PALMS**	STREET ADDRESS, CITY, STATE, ZIP CODE **7015 32ND AVE EAST** **BRADENTON, FL 34208**	

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

0000 - Initial Comments

Assisted Living Facility

A Biennial survey was conducted at The Palms Assisted Living Facility on 2/6/2018. There was no deficient practice identified at the time of survey.

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