

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/02/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953279	(X3) DATE SURVEY COMPLETED R 03/30/2018
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 A follow-up by desk review was conducted on 3/30/18 for Palms of Punta Gorda, an assisted living facility (license #8469) in Punta Gorda, Florida. The follow-up was in response to the complaint survey for CCR# 2017013335 and CCR# 2017014717 which was conducted on 1/31/17. Based on the facility's supporting documentation, the deficiency was corrected as of 3/30/18.		