

**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 03/19/2018
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

An unannounced extended congregate care survey was conducted on 3/19/18 at The Palms of Punta Gorda, an assisted living facility (license #8469) in Punta Gorda, Florida.

No deficiencies were found at the time of the visit.