

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/02/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911942	(X3) DATE SURVEY COMPLETED 03/19/2018
NAME OF PROVIDER OR SUPPLIER ROYAL PALM RETIREMENT CENTRE	STREET ADDRESS, CITY, STATE, ZIP CODE 2500 AARON STREET PORT CHARLOTTE, FL 33952	

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

0000 - Initial Comments

An unannounced limited nursing services survey was conducted on 3/19/18 at Royal Palm Retirement Centre, an assisted living facility (license #3915) in Port Charlotte, Florida.

No deficiencies were found at the time of the visit.