

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942866	(X3) DATE SURVEY COMPLETED 03/27/2018
NAME OF PROVIDER OR SUPPLIER COURTYARDS ASSISTED LIVING (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 26455 RAMPART BLVD. PUNTA GORDA, FL 33983	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced complaint survey for CRC# 2017015832 was conducted 3/26/17 through 3/27/18 at The Courtyards Assisted Living, an assisted living facility (license #7326) in Punta Gorda, Florida. No deficiencies were found at the time of the visit.		