STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967581	**04/17/2018**
NAME OF PROVIDER OR SUPPLIER **PUTNAM CAREGIVERS LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **110 ROBERTS COURT** **PALATKA, FL 32177**	

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

0000 - Initial Comments

An unannounced survey fo Limited Nursing Services was conducted on 04/17/18 at Putnam Caregivers in Palatka. Deficient practice was not identified at the time of the survey for Limited Nursing Services. License # 11619.