

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/11/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942866	(X3) DATE SURVEY COMPLETED R 06/27/2018
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 revisit survey was conducted on 6/27/18 at Courtyard, an assisted living facility (license #7326) in Punta Gorda, Florida. This was a follow-up to the complaint survey completed on 4/9/18. The previous deficiencies were found corrected and no new deficiencies were identified.		