STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969413	**07/17/2018**
NAME OF PROVIDER OR SUPPLIER **MARKET STREET PALM COAST**	STREET ADDRESS, CITY, STATE, ZIP CODE **2 CORPORATE DR** **PALM COAST, FL 32137**	

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

0000 - Initial Comments

On July 17, 2018 an initial survey for licensure was conducted at Market Street Residences in Palm Coast, Florida. Deficient practice was not identified during the survey.