

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/31/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964064	(X3) DATE SURVEY COMPLETED 09/17/2018
NAME OF PROVIDER OR SUPPLIER ARC OF PUTNAM COUNTY INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2201 HUSSON AVENUE PALATKA, FL 32177	

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

0000 - Initial Comments

An unannounced biennial re-licensure survey in conjunction with emergency power plan monitoring survey was conducted on September 17, 2018 at Arc of Putnam County (license #11964064). No deficient practice was identified at the time of the survey.