

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/07/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969471	(X3) DATE SURVEY COMPLETED 12/05/2018
NAME OF PROVIDER OR SUPPLIER TUSCAN GARDENS OF PALM COAST	STREET ADDRESS, CITY, STATE, ZIP CODE 650 COLBERT LANE PALM COAST, FL 32137	

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

0000 - Initial Comments

An initial licensure and emergency power plan survey was conducted at Tuscan Gardens of Palm Coast on December 4-5, 2018. No deficiencies were identified at the time of the survey.