

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/07/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953542	(X3) DATE SURVEY COMPLETED 11/08/2018
NAME OF PROVIDER OR SUPPLIER PALMS OF LONGWOOD (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 480 EAST CHURCH AVENUE LONGWOOD, FL 32750	

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

0000 - Initial Comments

A complaint investigation (CCR#2018013623) was conducted on 11/8/2018. Palms of Longwood, 480 East Church Ave, Longwood 32750 (LIC#5315) had no deficiencies at the time of the visit.