STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968910	**12/26/2018**
NAME OF PROVIDER OR SUPPLIER **PALMS AT PONTE VEDRA ASSISTED LIVING & MEMORY**	STREET ADDRESS, CITY, STATE, ZIP CODE **405 SOLANA RD** **PONTE VEDRA, FL 32082**	

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

0000 - Initial Comments

A complaint investigation (CCR #2018014856) was conducted at The Palms At Ponte Vedra Assisted Living & Memory Care on 12/26/2018. There were no deficiencies at the time of the investigation.