

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/04/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953279	(X3) DATE SURVEY COMPLETED R 12/14/2018
NAME OF PROVIDER OR SUPPLIER PALMS OF PUNTA GORDA (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 2295 SHREVE STREET PUNTA GORDA, FL 33950	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced revisit survey was conducted on 12/14/18 at The Palms of Punta Gorda, an assisted living facility (license #8469) in Punta Gorda, Florida. This was a follow-up to the extended congregate care survey completed on 9/19/18. The previous deficiencies were found corrected and no new deficiencies were identified.		