

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/13/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964388	(X3) DATE SURVEY COMPLETED 01/28/2019
NAME OF PROVIDER OR SUPPLIER PALMETTO LANDING	STREET ADDRESS, CITY, STATE, ZIP CODE 1016 WILLA SPRINGS DRIVE WINTER SPRINGS, FL 32708	

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

0000 - Initial Comments

A complaint investigation #2018016767 was conducted on January 28, 2019. Palmetto Landing, license #8985, did not have a deficiency at the time of the investigation.