STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911336	R **03/05/2019**
NAME OF PROVIDER OR SUPPLIER **KIMBERLY PLACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **26315 NORTHERN CROSS ROAD** **PUNTA GORDA, FL 33983**	

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

0000 - Initial Comments

An unannounced revisit survey was conducted on 3/5/19 at Kimberly Place, an assisted living facility (license #7594) in Punta Gorda, Florida. This was a follow-up to the relicensure and emergency power plan monitoring survey completed on 11/26/18.

The previous deficiencies were found corrected and no new deficiencies were identified