STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969274	**04/03/2019**
NAME OF PROVIDER OR SUPPLIER **SABAL PALMS ASSISTED LIVING AND MEMORY CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2125 PALM HARBOR PKWY** **PALM COAST, FL 32137**	

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

0000 - Initial Comments

A complaint investigation (#2019000444) was conducted at Sabal Palms Assisted Living and Memory Care on 4/3/2019. The provider had no deficiences at the time of the visit.