STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910339	**04/15/2019**
NAME OF PROVIDER OR SUPPLIER **PARK OF THE PALMS**	STREET ADDRESS, CITY, STATE, ZIP CODE **231 MARANATHA RD** **KEYSTONE HEIGHTS, FL 32656**	

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

0000 - Initial Comments

An Extended Congregate Care and Emergency Power Plan monitoring survey was conducted at Park of the Palms on April 15, 2019. The provider had no deficiencies at the time of the visit.