STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969413	**04/08/2019**
NAME OF PROVIDER OR SUPPLIER **MARKET STREET PALM COAST**	STREET ADDRESS, CITY, STATE, ZIP CODE **2 CORPORATE DR** **PALM COAST, FL 32137**	

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

0000 - Initial Comments

An unnannounced Limited Nursing Services survey was conducted on April 8, 2918 at Market Street Palm Coast. Deficient practice was not identified during the survey.