

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 05/03/2019
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953542	(X3) DATE SURVEY COMPLETED 04/16/2019
NAME OF PROVIDER OR SUPPLIER PALMS OF LONGWOOD (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 480 EAST CHURCH AVENUE LONGWOOD, FL 32750	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Monitoring visit for tag A0025 was conducted at The Palms of Longwood Assisted Living Facility, License #5315 on April 16, 2019. No deficiencies were identified at the time of survey.		