

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/30/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964388	(X3) DATE SURVEY COMPLETED R 05/13/2019
NAME OF PROVIDER OR SUPPLIER PALMETTO LANDING	STREET ADDRESS, CITY, STATE, ZIP CODE 1016 WILLA SPRINGS DRIVE WINTER SPRINGS, FL 32708	

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

0000 - Initial Comments

A revisit to a complaint investigation (2018018000) was conducted at Palmetto Landing Assisted Living Facility on 5/13/19. Deficiencies were corrected at the time of the survey regarding the complaint.