

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/17/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967189	(X3) DATE SURVEY COMPLETED 06/11/2019
NAME OF PROVIDER OR SUPPLIER PRINCETON VILLAGE OF PALM COAST	STREET ADDRESS, CITY, STATE, ZIP CODE 100 MAGNOLIA TRACEWAY PALM COAST, FL 32164	

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

0000 - Initial Comments

An unannounced ECC monitoring visit was conducted at the Princeton Village of Palm Coast on June 11, 2019. The provider had no deficiencies at the time of the visit.