STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953542	**08/09/2019**
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 complaint investigation #2019006113 was conducted at The Palms of Longwood Assisted Living Facility on 8/9/2019. The facility had no deficiencies at the time of the survey.