

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/22/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965658	(X3) DATE SURVEY COMPLETED R 02/13/2017
NAME OF PROVIDER OR SUPPLIER PALM COTTAGES OF ROCKLEDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 3821 SUNNYSIDE COURT ROCKLEDGE, FL 32955	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments revisit to Extended Congregate Care Monitoring conducted. Palm Cottages of Rockledge, license #9987, did not have any deficiencies pertaining to the monitoring visit at the time of the survey.		