

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/27/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964350	(X3) DATE SURVEY COMPLETED R 12/12/2017
NAME OF PROVIDER OR SUPPLIER PALMETTO SENIOR CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3157 WEST 78 PLACE HIALEAH, FL 33016	

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

0000 - Initial Comments

An Abbreviated Biennial Survey Revisit was conducted on December 12, 2017. Palmetto Senior Care Inc. (License #9143) had no deficiencies identified at the time of the survey.