STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965658	**05/22/2018**
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

A Complaint Investigation #2018005148 was conducted on 5/22/18. Palm Cottages of Rockledge Assisted Living Facility, License#9987 had no deficiencies related to complaint #2018005148 at the time of the visit.