

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/11/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965658	(X3) DATE SURVEY COMPLETED 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 #2018007173 was conducted on 05/22/2018. Palm Cottages, license #9987, had no deficiencies related to this complaint at the time of the investigation.