

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/11/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965658	(X3) DATE SURVEY COMPLETED R 08/09/2018
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 revisit to complaint investigation # 2018003333 was conducted on 08/09/2018. Palm Cottages of Rockledge, license #9987, had no deficiencies related to this complaint at the time of the visit.