

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/30/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965658	(X3) DATE SURVEY COMPLETED R 05/14/2019
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 an Extended Congregate Care monitoring visit was conducted at Palm Cottages of Rockledge on 05/14/2019. The facility had no deficiencies at the time of the visit.