| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11965874** | R<br>**03/22/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**MANGROVE BAY** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**120 MANGROVE BAY WAY**<br>**JUPITER, FL 33477** | |

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

**0000 - Initial Comments**

A relicensure desk review revisit survey was conducted on 3/22/17 at Mangrove Bay. The facility had no deficiencies identified at the time of the survey.