STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965708	R **03/29/2017**
NAME OF PROVIDER OR SUPPLIER **ABBEY DELRAY HEALTH CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **2105 SW 11 COURT** **DELRAY BEACH, FL 33445**	

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

0000 - Initial Comments

A relicensure desk revisit survey with Extended Congregate Care was conducted on 3/29/17 at Abbey Delray Health Center, (license #10023). The facility had no deficiencies identified at the time of the survey.