

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/17/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964922	(X3) DATE SURVEY COMPLETED R 05/11/2017
NAME OF PROVIDER OR SUPPLIER PACIFICA SENIOR LIVING OF PALM BEACH	STREET ADDRESS, CITY, STATE, ZIP CODE 4760 JOG ROAD GREENACRES, FL 33467	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A licensure complaint revisit survey for CCR #2016014607 and 2017000298 done by desk review was conducted on 05/11/2017 for Pacifica Senior Living of Palm Beach Assisted Living Facility located in Greenacres, Florida, License # 9409. The facility had no deficiencies at the time of the visit.		