STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965093	R **05/24/2017**
NAME OF PROVIDER OR SUPPLIER **CHATSWORTH AT PGA NATIONAL**	STREET ADDRESS, CITY, STATE, ZIP CODE **347 HIATT DRIVE** **PALM BEACH GARDENS, FL 33418**	

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

0000 - Initial Comments

A desk review revisit to the abbreviated relicensure survey with ECC was conducted on 5/24/2017 at Chatsworth at PGA National, License #9586. The facility had no deficiencies at the time of the visit.