

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/09/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969202	(X3) DATE SURVEY COMPLETED 05/26/2017
NAME OF PROVIDER OR SUPPLIER AAA ASSISTED LIVING @ WELLINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1337 PINETTA CIR WELLINGTON, FL 33414	

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

0000 - Initial Comments

An initial Assisted Living Facility licensure survey for a capacity of 6 was conducted on 05/26/2017 at AAA ALF @ Wellington. The facility had no deficiencies found at the time of the visit.