

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/19/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965313	(X3) DATE SURVEY COMPLETED 06/07/2017
NAME OF PROVIDER OR SUPPLIER CARLISLE PALM BEACH, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 450 EAST OCEAN AVENUE LANTANA, FL 33462	

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

0000 - Initial Comments

An unannounced licensure Complaint survey, CCR #2017002834, was conducted on June 7, 2017 at The Carlisle Palm Beach (License #9713). The facility had no deficiencies identified at the time of the survey.