STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968838	R **07/18/2017**
NAME OF PROVIDER OR SUPPLIER **A QUAINT MEADOW**	STREET ADDRESS, CITY, STATE, ZIP CODE **39 OHIO RD** **LAKE WORTH, FL 33467**	

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

0000 - Initial Comments

A desk review revisit survey to the Relicensure survey was conducted on 07/18/2017 for A Quaint Meadow, License #12681. All previously cited deficiencies were found corrected at the time of the review.