

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/24/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968848	(X3) DATE SURVEY COMPLETED 06/29/2017
NAME OF PROVIDER OR SUPPLIER MORSELIFE MEMORY CARE RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 4847 FRED GLADSTONE DR WEST PALM BEACH, FL 33417	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on 06/29/2017 for Morselife Memory Care Residence (License # 12684). The facility had no deficiencies identified at the time of the visit.