

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 07/27/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968807	(X3) DATE SURVEY COMPLETED R 07/19/2017
NAME OF PROVIDER OR SUPPLIER RSC WEST PALM BEACH LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2220 N AUSTRALIAN AVE 6TH FLOOR WEST PALM BEACH, FL 33407	

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

0000 - Initial Comments

An unannounced revisit to the relicensure survey was conducted on 07/19/2017 at RSC West Palm Beach Llc (License #12676). The facility is in compliance. Previously cited deficiencies were found corrected.