STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966474	R **07/31/2017**
NAME OF PROVIDER OR SUPPLIER **PERSONAL ELDER CARE II**	STREET ADDRESS, CITY, STATE, ZIP CODE **5739 ORCHARD WAY** **WEST PALM BEACH, FL 33417**	

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

0000 - Initial Comments

A relicensure revisit survey was conducted by desk review on 07/31/2017 at Personal Elder Care II , License # 10658. The facility had no deficiencies at the time of the visit.