| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968850** | R<br>**08/31/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**PATH OF LIFE ASSISTED LIVING LLC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1240 SUMMERWOOD CIR**<br>**WELLINGTON, FL 33414** | |

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

**0000 - Initial Comments**

A relicensure revisit survey was conducted by desk review for Path of Life Assisted Living LLC (License# 12696) on 8/31/2017. The facility had no uncorrected deficiencies identified at the time of the survey.