STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969280	**09/26/2017**
NAME OF PROVIDER OR SUPPLIER **A COMPASSIONATE CARE ASSISTED LIVING RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2646 YARMOUTH** **WELLINGTON, FL 33414**	

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

0000 - Initial Comments

An initial Assisted Living Facility licensure survey for a capacity of 6 was conducted on 9/26/2017 at A Compassionate Care Assisted Living Residence Capacity of 6 in Wellington, Florida. The facility had no deficiencies found at the time of the visit.