STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969268	**09/29/2017**
NAME OF PROVIDER OR SUPPLIER **EMMANUEL CARE ASSISTED LIVING FACILITY II**	STREET ADDRESS, CITY, STATE, ZIP CODE **4385 FLAX CT** **PALM BEACH GARDENS, FL 33410**	

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

0000 - Initial Comments

An Initial Assisted Living Facility licensure survey for capacity of 4 was conducted on 9/29/2017 at Emmanuel Care Assisted Living Facility II. The facility had no deficiencies found at the time of the visit.