

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/25/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967995	(X3) DATE SURVEY COMPLETED 10/23/2017
NAME OF PROVIDER OR SUPPLIER WINNIFRED ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1302 GINZA ROAD NW PALM BAY, FL 32907	

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

0000 - Initial Comments

An initial licensure survey was conducted on October 23, 2017. Winnifred Assisted Living Facility, license #11950, had no deficiencies at the time of the survey.