| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11953392** | **09/22/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**LEE RESIDENCE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**6260 GUN CLUB ROAD**<br>**WEST PALM BEACH, FL 33415** | |

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

**0000 - Initial Comments**

An unannounced relicensure survey was conducted on September 22, 2017 at Lee Residence, License #8536. The facility had no deficiencies identified at the time of the survey.