

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 11/14/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968914	(X3) DATE SURVEY COMPLETED 10/26/2017
NAME OF PROVIDER OR SUPPLIER SHIRLEY HOUSE ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1422 SHIRLEY CT LAKE WORTH, FL 33461	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced re-licensure survey was conducted on October 26, 2017 at Shirley House ALF, License #12762. The facility had no deficiencies at the time of the visit.		