STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968848	**10/20/2017**
NAME OF PROVIDER OR SUPPLIER **MORSELIFE MEMORY CARE RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **4847 FRED GLADSTONE DR** **WEST PALM BEACH, FL 33417**	

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

0000 - Initial Comments

An unannounced licensure complaint survey (CCR #2017007655) was conducted at Morselife Memory Care Residence (License #12684) on 10/20/17. There were no deficiencies found during the time of the survey.