

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/06/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968848	(X3) DATE SURVEY COMPLETED 11/08/2017
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 Extended Congregate Care (ECC) Initial Licensure survey was conducted on November 8, 2017 at Morselife Memory Care Residence (License #12684). There were no deficiencies identified at the time of the survey.