

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/13/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965708	(X3) DATE SURVEY COMPLETED 12/01/2017
NAME OF PROVIDER OR SUPPLIER ABBAY DELRAY HEALTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2105 SW 11 COURT DELRAY BEACH, FL 33445	

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

0000 - Initial Comments

An unannounced complaint survey (CCR # 2017007104) was conducted on 12/01/2017 at Abbey Delray Health Center (License #10023). The facility had no deficiencies at the time of the visit.