

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/10/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968135	(X3) DATE SURVEY COMPLETED R 01/09/2018
NAME OF PROVIDER OR SUPPLIER TRANQUILITYVILLA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9637 APACHE BLVD WEST PALM BEACH, FL 33412	

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

0000 - Initial Comments

On 01/09/18, a Desk Review Revisit was conducted for Tranquilityvilla Inc., license #12097. Deficient practice was not identified during the Desk Review Revisit.