STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969202	**12/18/2017**
NAME OF PROVIDER OR SUPPLIER **1 A A A ASSISTED LIVING @ WELLINGTON**	STREET ADDRESS, CITY, STATE, ZIP CODE **1337 PINETTA CIR** **WELLINGTON, FL 33414**	

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

0000 - Initial Comments

A licensure Limited Nursing Services Monitoring Visit was conducted on 12/18/17 at 1 AAA Assisted Living at Wellington Assisted Living Facility, license # 12025. The facility had no deficiencies identified at the time of the survey.