STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966872	R **01/18/2018**
NAME OF PROVIDER OR SUPPLIER **CHRISTEL CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4973 BROADSTONE CIRCLE** **WEST PALM BEACH, FL 33417**	

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

0000 - Initial Comments

A Relicensure revisit survey was conducted by desk review on 1/16/2018 and 1/18/2018 for Christel Care, Inc (License #10961). All previously cited deficiences were found corrected.