STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968677	R **02/07/2018**
NAME OF PROVIDER OR SUPPLIER **AMAZING GRACE ASSISTED LIVING HOME II, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2257 EDGEWATER DRIVE** **WEST PALM BEACH, FL 33406**	

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

0000 - Initial Comments

A revisit survey to licensure complaint, CCR #2017007644 was completed as a desk review on 1/18/18 and 2/7/18 for Amazing Grace Assisted Living Home II, LLC, License #12540. The facility corrected all outstanding citations.