STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969268	**01/31/2018**
NAME OF PROVIDER OR SUPPLIER **EMMANUEL CARE ASSISTED LIVING FACILITY II**	STREET ADDRESS, CITY, STATE, ZIP CODE **4385 FLAX CT** **PALM BEACH GARDENS, FL 33410**	

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

0000 - Initial Comments

A Capacity Increase survey was conducted on 01/31/18 at Emmanuel Care Assisted Living Facility II, license #13089. The facility capacity was 4 beds with 2 beds added. The facility had no deficiencies identified at the time of the survey.