

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 02/21/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967194	(X3) DATE SURVEY COMPLETED 02/06/2018
NAME OF PROVIDER OR SUPPLIER RESIDENCE AT PADDOCK PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 14622 PADDOCK DR WELLINGTON, FL 33414	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced abbreviated relicensure survey was conducted on 02/06/2018 at Residence at Paddock Park (Lic#11250). There were no deficiencies found during the time of the survey.		