

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/22/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964922	(X3) DATE SURVEY COMPLETED R 02/16/2018
NAME OF PROVIDER OR SUPPLIER PACIFICA SENIOR LIVING OF PALM BEACH	STREET ADDRESS, CITY, STATE, ZIP CODE 4760 JOG ROAD GREENACRES, FL 33467	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A desk review revisit to Complaint survey, CCR #2017009869, was conducted on 02/16/2018 for Pacifica Senior Living of Palm Beach (Lic# 9409). All outstanding deficiencies were corrected.		