STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968251	**03/06/2018**
NAME OF PROVIDER OR SUPPLIER **AMAZING GRACE ASSISTED LIVING HOME LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2685 CARAMBOLA RD** **WEST PALM BEACH, FL 33406**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on 3/6/2018 at Amazing Grace Assisted Living Home LLC, License #12171. There were no deficiencies identified at the time of the survey.