

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/27/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910630	(X3) DATE SURVEY COMPLETED R 03/16/2018
NAME OF PROVIDER OR SUPPLIER FINNISH-AMERICAN VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1800 SOUTH DRIVE LAKE WORTH, FL 33461	

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

0000 - Initial Comments

An unannounced revisit to the Relicensure survey was conducted on 03/16/2018 at Finnish American Village, License #4781. The outstanding deficiencies were found corrected at the time of the visit.