

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/27/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953207	(X3) DATE SURVEY COMPLETED R 03/21/2018
NAME OF PROVIDER OR SUPPLIER FOUNTAINVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 145 EXECUTIVE CENTER DRIVE WEST PALM BEACH, FL 33401	

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 3/21/2018 at Fountainview Assisted Living facility, License #7827. The facility had no deficiencies at the time of the visit.