

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/02/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964811	(X3) DATE SURVEY COMPLETED R 03/28/2018
NAME OF PROVIDER OR SUPPLIER LEXELLE ASSISTED LIVING FACILITY, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 66 PATRIC DRIVE PALM COAST, FL 32164	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments All of the deficiencies were found corrected at the time of the desk review.		