

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/12/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968807	(X3) DATE SURVEY COMPLETED R 03/20/2018
NAME OF PROVIDER OR SUPPLIER RSC WEST PALM BEACH LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2220 N AUSTRALIAN AVE 6TH FLOOR WEST PALM BEACH, FL 33407	

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

0000 - Initial Comments

An unannounced licensure complaint survey revisit to CCR #2017010545 & CCR #2017010623, was conducted on 03/20/2018 at RSC of West Palm Beach LLC, License # 12676. Previously cited deficiencies were found corrected.