STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969202	R **04/19/2018**
NAME OF PROVIDER OR SUPPLIER **1 A A A ASSISTED LIVING @ WELLINGTON**	STREET ADDRESS, CITY, STATE, ZIP CODE **1337 PINETTA CIR** **WELLINGTON, FL 33414**	

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

0000 - Initial Comments

An unannounced revisit to the Wellness survey was conducted on 4/19/18 at 1 A A A Assisted Living @ Wellington, an Assisted Living Facility, license #12025. The facility had no deficiencies at the time of the survey.