STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967814	R **04/27/2018**
NAME OF PROVIDER OR SUPPLIER **WELLINGTON ELDER CARE 1**	STREET ADDRESS, CITY, STATE, ZIP CODE **14097/14099 LILY COURT** **WELLINGTON, FL 33414**	

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

0000 - Initial Comments

A relicensure desk review revisit was conducted on [redacted] for Wellington Elder Care I, License # 11795. The facility had no deficiencies at the time of the revisit.