

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/10/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965708	(X3) DATE SURVEY COMPLETED 04/24/2018
NAME OF PROVIDER OR SUPPLIER ABBAY DELRAY HEALTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2105 SW 11 COURT DELRAY BEACH, FL 33445	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced licensure complaint survey, CCR #2018002320, was conducted on 04/23/18-04/24/18 at Abbey Delray Health Center, License #10023 . The facility had no deficiencies at the time of the investigation.		