

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/15/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967703	(X3) DATE SURVEY COMPLETED R 04/11/2018
NAME OF PROVIDER OR SUPPLIER RESIDENCE AT PADDOCK II (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 13988 PADDOCK DRIVE WELLINGTON, FL 33414	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 - Initial Comments

An unannounced relicensure revisit survey was conducted on 04/11/2018 at The Residence at Paddock Park II, License #11717. There were no deficiencies found during the time of the survey.