STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965093	**06/12/2018**
NAME OF PROVIDER OR SUPPLIER **CHATSWORTH AT PGA NATIONAL**	STREET ADDRESS, CITY, STATE, ZIP CODE **347 HIATT DRIVE** **PALM BEACH GARDENS, FL 33418**	

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

0000 - Initial Comments

An unannounced Extended Congregate Care (ECC) monitoring survey was conducted on June 12, 2018 at Chatsworth at PGA National, License #9586. The facility had no deficiencies identified at the time of the visit.