

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/13/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969404	(X3) DATE SURVEY COMPLETED 06/26/2018
NAME OF PROVIDER OR SUPPLIER WELLINGTON ELDER CARE 2	STREET ADDRESS, CITY, STATE, ZIP CODE 14115 LILY CT WELLINGTON, FL 33414	

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

0000 - Initial Comments

An initial Assisted Living Facility licensure survey for a capacity of 21 was conducted on 06/26/2018 at Wellington Elder Care 2. The facility had no deficiencies found at the time of the visit.