

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/18/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965708	(X3) DATE SURVEY COMPLETED R 07/16/2018
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 A revisit to the Extended Congregate Care (ECC) monitoring survey was conducted by desk review on 07/16/2018 for Abbey Delray Health Center, License #10023. The facility corrected all outstanding deficiencies.		