STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968251	R **09/04/2018**
NAME OF PROVIDER OR SUPPLIER **AMAZING GRACE ASSISTED LIVING HOME LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2685 CARAMBOLA RD** **WEST PALM BEACH, FL 33406**	

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

0000 - Initial Comments

A licensure complaint revisit survey, CCR #2018004966, was conducted by desk review on 09/04/2018 for Amazing Grace Assisted Living Home LLC, License #12171. The previously cited deficiency was found corrected.