

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/18/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910366	(X3) DATE SURVEY COMPLETED R 09/06/2018
NAME OF PROVIDER OR SUPPLIER A COUNTRY RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 14327 N. 69TH DRIVE PALM BEACH GARDENS, FL 33418	

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

0000 - Initial Comments

An unannounced Relicensure revisit survey was conducted on 09/06/2018 at A Country Residence, License #5699. All previously cited deficiencies were found corrected.