

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/27/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966800	(X3) DATE SURVEY COMPLETED 09/11/2018
NAME OF PROVIDER OR SUPPLIER ATRIA PARK OF ST JOSEPH'S	STREET ADDRESS, CITY, STATE, ZIP CODE 350 BUSH RD JUPITER, FL 33458	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR #2018008705, was conducted on September 11, 2018 at Atria Park Of St. Joseph's, License #10963. The facility had no deficiencies at the time of the investigation.