STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964922	R **09/18/2018**
NAME OF PROVIDER OR SUPPLIER **PACIFICA SENIOR LIVING OF PALM BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **4760 JOG ROAD** **GREENACRES, FL 33467**	

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

0000 - Initial Comments

An unannounced revisit to the complaint survey CCR#2018004194, was conducted on 09/17/18 and 09/18/18 at Pacifica Senior Living of Palm Beach, License # 9409. Previously cited deficiencies were corrected.

This survey was completed in conjunction with a relicensure survey and a revisit to complaint survey CCR#2018005110, see separate reports for details.