

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/04/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965874	(X3) DATE SURVEY COMPLETED R 09/21/2018
NAME OF PROVIDER OR SUPPLIER MANGROVE BAY	STREET ADDRESS, CITY, STATE, ZIP CODE 120 MANGROVE BAY WAY JUPITER, FL 33477	

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

0000 - Initial Comments

An unannounced Revisit to the relicensure survey was conducted on September 21, 2018 at Mangrove Bay, License #10191. Previously cited deficiencies were found corrected.