

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/05/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968848	(X3) DATE SURVEY COMPLETED R 09/12/2018
NAME OF PROVIDER OR SUPPLIER MORSELIFE MEMORY CARE RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 4847 FRED GLADSTONE DR WEST PALM BEACH, FL 33417	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced Extended Congregate Care (ECC) Monitoring revisit survey was conducted on 09/12/2018 at Morselife Memory Care Residence, License #12684. The facility corrected all outstanding deficiencies at the time of the survey. This survey was conducted in conjunction with a Generator Monitoring survey. Please see separate report for findings.		