STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968848	**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 Generator Monitoring survey was conducted on 09/12/2018 at Morselife Memory Care Residence, License #12684. The facility had no deficiencies identified at the time of the survey.

This Generator Monitoring survey was conducted in conjunction with the Extended Congregate Care (ECC) Monitoring revisit survey. Please see separate report for findings.