

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967356	(X3) DATE SURVEY COMPLETED R 10/04/2018
NAME OF PROVIDER OR SUPPLIER EMMANUEL CARE ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 3628 DAISY AVE PALM BEACH GARDENS, FL 33410	

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

0000 - Initial Comments

An unannounced Relicensure second revisit survey was conducted as a desk review on 10/04/18 for at Emmanuel Care Assisted Living Facility, License #11412. The facility corrected the outstanding deficiency at the time of the survey.