

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/17/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964922	(X3) DATE SURVEY COMPLETED 10/02/2018
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 Monitoring survey was completed on 10/02/2018 at Pacifica Senior Living of Palm Beach, License #9409. The facility had no deficiencies at the time of the survey.