

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/26/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969042	(X3) DATE SURVEY COMPLETED R 10/24/2018
NAME OF PROVIDER OR SUPPLIER BETHESDA ASSISTED LIVING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 624 BARBER AVE LAKE WORTH, FL 33461	

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

0000 - Initial Comments

A Relicensure third revisit survey was conducted by desk review on 10/24/2018 for Bethesda Assisted Living, LLC, License #12984. The previously cited deficiency was found corrected on the day of the survey.