

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/14/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966872	(X3) DATE SURVEY COMPLETED 10/29/2018
NAME OF PROVIDER OR SUPPLIER CHRISTEL CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 806 14TH STREET WEST PALM BEACH, FL 33401	

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

0000 - Initial Comments

An initial Assisted Living Facility licensure survey for a capacity of 6 was conducted on 10/29/18 at Christel Care, License #10961. The facility had no deficiencies identified at the time of the survey.