

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/19/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964922	(X3) DATE SURVEY COMPLETED R 11/01/2018
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 relicensure revisit was completed at Pacifica Senior Living (Lic#9409) on 11/012018. The outstanding deficiency was found corrected at the time of the survey.