

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/06/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967918	(X3) DATE SURVEY COMPLETED R 01/25/2019
NAME OF PROVIDER OR SUPPLIER HOME AWAY FROM HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 324 LYMAN PL WEST PALM BEACH, FL 33409	

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

0000 - Initial Comments

An unannounced Relicensure second revisit survey was conducted on 01/25/2019 at Home Away From Home (Lic#11913). All outstanding deficiencies were corrected at the time of the revisit.

The Relicensure revisit survey was conducted in conjunction with the licensure complaint revisit survey to CCR #2018015255 on the same date. See separate report for findings.