STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968609	R **02/15/2019**
NAME OF PROVIDER OR SUPPLIER **ASHLEY MANOR INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3815 NW 10TH STREET** **DELRAY BEACH, FL 33445**	

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

0000 - Initial Comments

An unannounced Relicensure fourth revisit survey was conducted by desk review on 02/15/2019 for Ashley Manor Inc, License #12499. The previously cited deficiency was found corrected at the time of the survey.