

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/19/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964922	(X3) DATE SURVEY COMPLETED R 03/14/2019
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 licensure complaint revisit survey, CCR #2018015696 & CCR #2018016363, was conducted by desk review on 03/14/2019 for Pacifica Senior Living of Palm Beach, License #9409. The previously cited deficiency was found corrected at the time of the survey.		