STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965708	R **03/14/2019**
NAME OF PROVIDER OR SUPPLIER **ABBEY DELRAY HEALTH CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **2105 SW 11 COURT** **DELRAY BEACH, FL 33445**	

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

0000 - Initial Comments

An unannounced Relicensure revisit survey was conducted by desk review on 03/14/2019 for Abbey Delray Health Center, License #10023. The previously cited deficiency was found corrected at the time of the survey.