| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11953207** | R<br>**02/26/2019** |
| NAME OF PROVIDER OR SUPPLIER<br>**FOUNTAINVIEW** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**145 EXECUTIVE CENTER DRIVE**<br>**WEST PALM BEACH, FL 33401** | |

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

**0000 - Initial Comments**

AMENDED

An unannounced Spot Check Monitoring third revisit survey was conducted by desk review on 02/13/2019 & 02/26/2019 for Fountainview, License #7827. The previously cited deficiency was found corrected at the time of the survey.