STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967960	R **01/17/2019**
NAME OF PROVIDER OR SUPPLIER **A NEW AGE OF SENIOR CARE AT WELLINGTON, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1074 C/D HYACINTH PLACE** **WELLINGTON, FL 33414**	

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

0000 - Initial Comments

An unannounced Relicensure revisit survey was conducted as a desk review on 01/17/2019 for A New Age of Senior Care at Wellington, License #11924 . The facility corrected the previously cited deficiencies.