

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/11/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967995	(X3) DATE SURVEY COMPLETED R 03/28/2019
NAME OF PROVIDER OR SUPPLIER WINNIFRED ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1361 GINZA ROAD NW PALM BAY, FL 32907	

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

0000 - Initial Comments

A revisit to the re-licensure survey was conducted on Winnifred Assisted Living Facility (License #11950) had no deficiencies at the time of the visit.