STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968763	R **03/27/2019**
NAME OF PROVIDER OR SUPPLIER **CAYMAN CIRCLE ADULT FAMILY CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **5843 CAYMAN CR WEST** **WEST PALM BEACH, FL 33407**	

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

0000 - Initial Comments

A second revisit to the Relicensure survey was conducted by desk review on 03/27/2019 for Cayman Circle Adult Family Care, License #12609. The previously cited deficiencies were found corrected at the time of the survey.