

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/15/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953207	(X3) DATE SURVEY COMPLETED 04/01/2019
NAME OF PROVIDER OR SUPPLIER FOUNTAINVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 145 EXECUTIVE CENTER DRIVE WEST PALM BEACH, FL 33401	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR #2019000435 was conducted on at Fountainview, License #7827. The facility had no deficiencies at the time of the survey.