

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/30/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969202	(X3) DATE SURVEY COMPLETED 04/15/2019
NAME OF PROVIDER OR SUPPLIER 1 A A A ASSISTED LIVING @ WELLINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1337 PINETTA CIR WELLINGTON, FL 33414	

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

0000 - Initial Comments

An unannounced Extended Congregate Care (ECC) Monitoring survey was conducted at 1 A A A Assisted Living @ Wellingtonon 04/15/2019. The Provider had no deficiencies at the time of the visit.