

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/02/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968848	(X3) DATE SURVEY COMPLETED 04/17/2019
NAME OF PROVIDER OR SUPPLIER MORSELIFE MEMORY CARE RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 4847 FRED GLADSTONE DR WEST PALM BEACH, FL 33417	

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

0000 - Initial Comments

A Extended Congregate Care (ECC) Monitoring survey was conducted at Morselife Memory Care Residence on 04/17/2019. The facility had no deficiencies at the time of the visit.