STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966281	R **08/01/2018**
NAME OF PROVIDER OR SUPPLIER **PERSONAL ELDER CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **4533 BROOK DRIVE** **WEST PALM BEACH, FL 33417**	

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

0000 - Initial Comments

An unannounced Relicensure revisit survey was conducted on 08/01/2018 for Personal Elder Care, License #10513. The facility corrected all outstanding deficiencies during the survey.