

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/16/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969192	(X3) DATE SURVEY COMPLETED R 05/07/2019
NAME OF PROVIDER OR SUPPLIER HOME SUITE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 9286 BIRMINGHAM DR PALM BEACH GARDENS, FL 33410	

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

0000 - Initial Comments

A revisit to the Relicensure survey was conducted as a desk review on 05/07/2019 for Home Suite Home. The previously cited deficiencies were found corrected at the time of the survey.