STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968847	R **06/10/2019**
NAME OF PROVIDER OR SUPPLIER **BLUE RIBBON CARE ASSISTED LIVING FACILITY, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **125 AINSWORH CIR** **PALM SPRINGS, FL 33461**	

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

0000 - Initial Comments

A revisit to a biennial relicensure survey was conducted on 06/10/2019 at Blue Ribbon Care Assisted Living (Lic#12690). Deficiencies were found to be corrected at the time of the survey.