

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 05/22/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911178	(X3) DATE SURVEY COMPLETED R 05/11/2017
NAME OF PROVIDER OR SUPPLIER HOBE SOUND MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 9555 S.E. FEDERAL HIGHWAY HOBE SOUND, FL 33455	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments AMENDED A desk review revisit to CCR# 2017000180 was conducted on 05/10/2017 through 05/11/2017 at Hobe Sound Manor Assisted Living Facility, License #7401. The facility had no deficiencies at the time of the visit.		