STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968847	R **07/27/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLUE RIBBON CARE ASSISTED LIVING FACILITY, LLC	**125 AINSWORH CIR** **PALM SPRINGS, FL 33461**

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

0000 - Initial Comments

A relicensure revisit survey was conducted by desk review on 07/27/2017 for Blue Ribbon Care Assisted Living Facility, LLC (License#12690). The facility had no deficiencies at the time of the revisit.