

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/21/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911178	(X3) DATE SURVEY COMPLETED R 09/19/2017
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 A Desk Review was conducted as follow-up to the relicensure survey on 09/19/17 for Hobe Sound Manor, License #7401. The facility had no uncorrected or new deficiencies at the time of the desk review.		