STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969202	R **01/16/2019**
NAME OF PROVIDER OR SUPPLIER **1 A A A ASSISTED LIVING @ WELLINGTON**	STREET ADDRESS, CITY, STATE, ZIP CODE **1337 PINETTA CIR** **WELLINGTON, FL 33414**	

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

0000 - Initial Comments

An unannounced Initial Extended Congregate Care (ECC) Monitoring second revisit survey was conducted by desk review on 01/16/2019 for 1 A A A Assisted Living @ Wellington, #13025. The previously cited deficiency was found corrected.