

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/01/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968847	(X3) DATE SURVEY COMPLETED R 02/14/2019
NAME OF PROVIDER OR SUPPLIER BLUE RIBBON CARE ASSISTED LIVING FACILITY, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 125 AINSWORTH CIR PALM SPRINGS, FL 33461	

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

0000 - Initial Comments

An unannounced Revisit to complaint CCR #2018013818 was conducted on 02/14/19 as a desk review for Blue Ribbon Care Assisted Living Facility, License #12690. A previously cited deficiency was found corrected.