| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11969463** | **05/17/2019** |
| NAME OF PROVIDER OR SUPPLIER<br>**YOURLIFE OF PALM BEACH GARDENS** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**13465 PASTEUR BLVD**<br>**PALM BEACH GARDENS, FL 33418** | |

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

**0000 - Initial Comments**

An Extended Congregate Care (ECC) Monitoring survey was conducted on 05/17/2019 at Yourlife Of Palm Beach Gardens. The facility had no deficiencies identified at the time of the survey.