

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HL100002	(X3) DATE SURVEY COMPLETED R 12/11/2018
NAME OF PROVIDER OR SUPPLIER BETHESDA HOSPITAL EAST	STREET ADDRESS, CITY, STATE, ZIP CODE 2815 S SEACREST BLVD BOYNTON BEACH, FL 33435	

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

0000 - INITIAL COMMENTS

AMENDED

A desk review revisit survey to the 8/27 to 8/30/18 Risk Management Survey at Bethesda Hospital East was conducted on 12/11/18, license # 4452. The citations were found to be corrected at the time of the review.