STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967965	R **02/28/2017**
NAME OF PROVIDER OR SUPPLIER **ROYAL LIVING AT POMPANO ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4200 NE 19TH AVENUE** **POMPANO BEACH, FL 33064**	

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

0000 - Initial Comments

A relicensure revisit survey was conducted by desk review on 02/28/2016 at Royal Living at Pompano (License#). All of the outstanding deficiencies were corrected at the time of the desk review.