STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964922	**03/03/2017**
NAME OF PROVIDER OR SUPPLIER **PACIFICA SENIOR LIVING OF PALM BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **4760 JOG ROAD** **GREENACRES, FL 33467**	

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

0000 - Initial Comments

An unannounced complaint survey (CCR#2017001000 & CCR#2016013728) was conducted at Pacifica Senior Living of Palm Beach (License# 9409) from 2/20/2017 and 3/3/2017. The facility had no deficiencies identified at the time of the survey.