STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965313	**03/03/2017**
NAME OF PROVIDER OR SUPPLIER **CARLISLE PALM BEACH, THE**	STREET ADDRESS, CITY, STATE, ZIP CODE **450 EAST OCEAN AVENUE** **LANTANA, FL 33462**	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR#2016014427, was conducted on 3/03/17 at Carlisle Palm Beach, The (Lic #9713). The allegations were not substantiated. The facility had no deficiencies at the time of the investigation.