STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968807	**02/23/2017**
NAME OF PROVIDER OR SUPPLIER **RSC WEST PALM BEACH LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2220 N AUSTRALIAN AVE 6TH FLOOR** **WEST PALM BEACH, FL 33407**	

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

0000 - Initial Comments

An Assisted Living Facility capacity increase survey was completed on 2/23/17 at RSC West Palm Beach, License #12676. The facility had no deficiencies identfied at the time of the survey.