STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969187	**04/21/2017**
NAME OF PROVIDER OR SUPPLIER **LAURIN MANOR ASSISTED LIVING FACILITY LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5170 ST JOHN AVE S** **BOYNTON BEACH, FL 33472**	

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

0000 - Initial Comments

An announced Initial ALF licensure survey for a capacity of 5, was conducted on 04/21/2017 at Laurin Manor Assisted Living Facility LLC. The facility had no deficiencies found at the time of the visit.