STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969192	**05/05/2017**
NAME OF PROVIDER OR SUPPLIER **HOME SUITE HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **9286 BIRMINGHAM DR** **PALM BEACH GARDENS, FL 33410**	

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

0000 - Initial Comments

An announced initial Assisted Living Facility licensure survey for a capacity of 6 was conducted on 5/05/2017 at Home Suite Home Assisted Living Facility in Palm Beach Gardens, Florida. The facility had no deficiencies found at the time of the visit.