STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964400	**04/28/2017**
NAME OF PROVIDER OR SUPPLIER **CARPS ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **3217 BROADWAY** **WEST PALM BEACH, FL 33407**	

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

0000 - Initial Comments

An unannounced complaint survey (CCR#2017002094) was conducted at Carps Assisted Living (License#9012) on 4/11/2017 and ended on 4/28/2017. The facility had no deficiencies identified at the time of the survey.