STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964724	**04/26/2017**
NAME OF PROVIDER OR SUPPLIER **LOURDES PAVILION**	STREET ADDRESS, CITY, STATE, ZIP CODE **311 SOUTH FLAGLER DRIVE** **WEST PALM BEACH, FL 33401**	

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

0000 - Initial Comments

An unannounced Limited Nursing Services Monitoring was conducted on 4/26/17 at Lourdes Pavilion, License #47171. The facility had no deficiencies found at the time of the survey.