STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966386	**02/24/2017**
NAME OF PROVIDER OR SUPPLIER **TRADITION OF THE PALM BEACHES**	STREET ADDRESS, CITY, STATE, ZIP CODE **4880 LORING DRIVE** **WEST PALM BEACH, FL 33417**	

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

0000 - Initial Comments

An initial Extended Congregate Care licensure survey was conducted on 2/24/17 at Tradition of the Palm Beaches. The facility had no deficiencies identified during this survey.