STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967590	R **05/04/2017**
NAME OF PROVIDER OR SUPPLIER **A SECOND HOME OF RIVIERA BEACH INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **120 WEST 22ND STREET** **RIVIERA BEACH, FL 33404**	

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

0000 - Initial Comments

A Revisit to the Relicensure survey was conducted on 5/04/17 at A Second Home of Riviera Beach, License #11586. The facility had no uncorrected deficiencies at the time of the revisit.