STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969165	**05/19/2017**
NAME OF PROVIDER OR SUPPLIER **ALLISON & ROSA PERSONAL TOUCH ASSISTED LIVING FACI**	STREET ADDRESS, CITY, STATE, ZIP CODE **9530 HALL BLVD** **WEST PALM BEACH, FL 33412**	

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

0000 - Initial Comments

An Initial Licensure survey was conducted at Allison & Rosa Personal Touch Assisted Living Facility for a capacity of 6, was conducted on 05/19/2017. The facility had no deficiencies found at the time of the survey.