STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953528	R **05/30/2017**
NAME OF PROVIDER OR SUPPLIER **WYNDHAM HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **417 WESTWOOD ROAD** **WEST PALM BEACH, FL 33401**	

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

0000 - Initial Comments

A desk review revisit survey to the Re-Licensure survey was conducted on 5/30/17 for Wyndham House (License #63). The facility had no uncorrected deficiencies identified at the time of the survey.