STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964400	R **06/01/2017**
NAME OF PROVIDER OR SUPPLIER **CARPS ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **3217 BROADWAY** **WEST PALM BEACH, FL 33407**	

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

0000 - Initial Comments

A desk review revisit to the Relicensure survey was conducted on May 26, 2017 - June 1, 2017 at Carps Assisted Living Facility located in West Palm Beach FL, License # 9012. The facility had no deficiencies at the time of the visit.