STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968079	**05/23/2017**
NAME OF PROVIDER OR SUPPLIER **BALMORE PLACE ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **14315 83RD LN N** **LOXAHATCHEE, FL 33470**	

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

0000 - Initial Comments

An unannounced Assisted Living Facility relicensure survey was conducted on 5/23/2017 at Balmore Place Assisted Living Facility, License #12034. The facility had no licensure deficiencies found at the time of the visit.