STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910630	**06/02/2017**
NAME OF PROVIDER OR SUPPLIER **FINNISH-AMERICAN VILLAGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1800 SOUTH DRIVE** **LAKE WORTH, FL 33461**	

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

0000 - Initial Comments

An unannounced Extended Congregate Care (ECC) monitoring survey was conducted on 06/02/17 at Finnish-American Village, License #4781 . The facility had no deficiencies at the time of the visit.