STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967714	R **07/13/2017**
NAME OF PROVIDER OR SUPPLIER **ROCKWELL SENIORS INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **22198 ENSENADA WY** **BOCA RATON, FL 33433**	

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

0000 - Initial Comments

A desk review revisit to the complaint survey, CCR# 2016013472,was conducted on 07/13/17 for Rockwell Seniors Inc. (license # 11729) . The facility had no defieciencies at the time of the revisit.