STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967622	**08/09/2017**
NAME OF PROVIDER OR SUPPLIER **NOBLE COVE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **110 WEST PALM AVENUE** **LAKE WORTH, FL 33467**	

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

0000 - Initial Comments

A Relicensure survey was conducted on 8/9/17 at Noble Cove, Inc., (license #11633). The facility had no deficiencies at the time of the visit.