STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969223	**08/18/2017**
NAME OF PROVIDER OR SUPPLIER **PALLISER ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9536 OLD PINE RD** **BOCA RATON, FL 33428**	

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

0000 - Initial Comments

An initial Assisted Living Facility licensure survey, for a capacity of 6, was conducted on 7/28/2017 and 8/18/2017 at Palliser Assisted Living LLC. The facility had no deficiencies found at the time of the visit.