

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/21/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967631	(X3) DATE SURVEY COMPLETED R 09/19/2017
NAME OF PROVIDER OR SUPPLIER BALMORE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 12137 86TH ROAD NORTH WEST PALM BEACH, FL 33412	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A revisit desk review was conducted on 09/19/2017 for Balmore House ALF (License#11628). All outstanding deficiencies were corrected.		