STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968878	R **09/19/2017**
NAME OF PROVIDER OR SUPPLIER **HIBISCUS PALACE ASSISTED LIVING FACILITY, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1755 14TH AVE N** **LAKE WORTH, FL 33460**	

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

0000 - Initial Comments

A Desk Review was conducted on 09/19/19 as the revisit to the relicensure survey for Hibiscus Palace Assisted Living Facility, License #12718. The facility had no uncorrected or new deficiencies at the time of the revisit.