

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 10/17/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965313	(X3) DATE SURVEY COMPLETED 09/22/2017
NAME OF PROVIDER OR SUPPLIER CARLISLE PALM BEACH, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 450 EAST OCEAN AVENUE LANTANA, FL 33462	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced licensure complaint survey (CCR#2017010948) was conducted on 09/22/2017 at The Carlisle Palm Beach (License# 9713). The facility had no deficiencies found during the time of the survey.		