STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969259	**09/27/2017**
NAME OF PROVIDER OR SUPPLIER **MITZVAH MANOR ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **1086 SW 28TH AVE** **BOYNTON BEACH, FL 33426**	

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 09/27/2017 at Mitzvah Manor. The facility had no deficiencies found at the time of the visit.