| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968147** | **10/03/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**EL PINAR ASSISTED LIVING FACILITY, INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**3082 EGREMONT DR**<br>**WEST PALM BEACH, FL 33406** | |

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

**0000 - Initial Comments**

An unannounced Relicensure survey was conducted on 10/03/17 at El Pinar Assisted Living Facility, License #12081. The facility had no deficiencies at the time of the visit.