STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965602	R **07/31/2017**
NAME OF PROVIDER OR SUPPLIER **OPEN ARMS ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **4652 BELVEDERE ROAD** **WEST PALM BEACH, FL 33415**	

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

0000 - Initial Comments

A Desk Review was completed on 07/31/2017 as follow-up to the Relicensure survey at Open Arms ALF, License #9967. The facility had no uncorrected deficiencies at the time of the desk review.