

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/30/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967048	(X3) DATE SURVEY COMPLETED R 11/20/2017
NAME OF PROVIDER OR SUPPLIER TYVAL ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 3526 GENEVRA AVE BOYNTON BEACH, FL 33436	

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

0000 - Initial Comments

An unannounced revisit to the relicensure survey was conducted on 11/20/2017 at Tyval Assisted Living Facility, License #11128. There were no deficiencies found during the time of the visit.