STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969165	**12/14/2017**
NAME OF PROVIDER OR SUPPLIER **ALLISON & ROSA PERSONAL TOUCH ASSISTED LIVING FACI**	STREET ADDRESS, CITY, STATE, ZIP CODE **9530 HALL BLVD** **WEST PALM BEACH, FL 33412**	

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

0000 - Initial Comments

An unannounced Limited Nursing Services Monitoring survey was conducted on 12/14/17 at Allison and Rosa Personal Touch Assisted Living Facility, license #13019. The facility had no deficiencies at the time of the visit.