STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967068	R **01/18/2018**
NAME OF PROVIDER OR SUPPLIER **ROYAL LIVING AT COCONUT CREEK**	STREET ADDRESS, CITY, STATE, ZIP CODE **3420 NW 71ST STREET** **COCONUT CREEK, FL 33073**	

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

0000 - Initial Comments

A desk review revisit was conducted on 01/18/2018 at Royal Living at Coconut Creek Assisted Living Facility, License #11167. The facility had no deficiencies at the time of the revisit.