STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968591	**01/04/2018**
NAME OF PROVIDER OR SUPPLIER **THE PALMS ALF CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **8487 NW 34TH MANOR** **SUNRISE, FL 33351**	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted on 01/04/2018 at The Palms ALF Corp., License # 124512. The facility had no deficiencies at the time of the visit.