STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965791	**01/30/2018**
NAME OF PROVIDER OR SUPPLIER **SEAGULL PLACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1233 ISLAND RD** **WEST PALM BEACH, FL 33404**	

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

0000 - Initial Comments

An announced abbreviated survey was conducted on 1/30/18 at Seagull Place, License #101320. The facility had no deficiencies found at the time of the survey.