STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969322	**02/20/2018**
NAME OF PROVIDER OR SUPPLIER **LAS OVAS ALF CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **1214 MEADOWBROOK DR** **WEST PALM BEACH, FL 33417**	

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

0000 - Initial Comments

An initial licensure survey was conducted on 2/20/2018 at Las Ovas ALF Corp. Assisted Living Facility, for a capacity of 6. The facility had no deficiencies found at the time of the visit.