STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967714	R **02/26/2018**
NAME OF PROVIDER OR SUPPLIER **ROCKWELL SENIORS INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **22198 ENSENADA WY** **BOCA RATON, FL 33433**	

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

0000 - Initial Comments

An unannounced Desk Review Revisit to the Relicensure survey was conducted on 02/09/2018, 02/23/2018 and 02/26/2018 for Rockwell Seniors Inc., License #11729.
Previously cited deficiencies were found corrected.

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