STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911173	**03/14/2018**
NAME OF PROVIDER OR SUPPLIER **WHITE PALMS**	STREET ADDRESS, CITY, STATE, ZIP CODE **9072 OLD DIXIE HWY.** **LAKE PARK, FL 33403**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted at White Palms Assisted Living Facility on 03/14/18, License #12173. The facility had no deficiencies at the time of the visit.