STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964724	R **04/17/2018**
NAME OF PROVIDER OR SUPPLIER **LOURDES PAVILION**	STREET ADDRESS, CITY, STATE, ZIP CODE **311 SOUTH FLAGLER DRIVE** **WEST PALM BEACH, FL 33401**	

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

0000 - Initial Comments

An unannounced revisit to the relicensure survey was conducted on 04/17/18 at Lourdes Pavilion, License # 9213. The previously cited deficiencies were found to be corrected. The facility had no deficiencies at the time of the revisit.