STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966800	**04/11/2018**
NAME OF PROVIDER OR SUPPLIER **ATRIA PARK OF ST JOSEPH'S**	STREET ADDRESS, CITY, STATE, ZIP CODE **350 BUSH RD** **JUPITER, FL 33458**	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR #2018001392, was conducted on April 11, 2018 at Atria Park Of St Joseph, License #10963. The facility had no deficiencies at the time of the investigation.