STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966287	R **04/26/2018**
NAME OF PROVIDER OR SUPPLIER **INN AT LA POSADA**	STREET ADDRESS, CITY, STATE, ZIP CODE **3600 MASTERPIECE WAY** **WEST PALM BEACH, FL 33410**	

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

0000 - Initial Comments

A Relicensure with Extended Congregate Care (ECC) survey revisit was conducted by desk review on 04/26/18 for Inn At La Posada, License #10600. The facility had no deficiencies identified at the time of the Desk Review.