STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969042	**04/18/2018**
NAME OF PROVIDER OR SUPPLIER **BETHESDA ASSISTED LIVING, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **624 BARBER AVE** **LAKE WORTH, FL 33461**	

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

0000 - Initial Comments

An unannounced complaint survey, CCR#2018000974 was conducted on 04/18/2018 at Bethesda Assisted Living Facility, LLC, License #12894. There were no deficiencies during the time of the survey.

A relicensure survey was conducted in conjunction with this survey on the same date . Please see separate report for findings. .