STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964771	R **04/27/2018**
NAME OF PROVIDER OR SUPPLIER **ST MARY'S ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **7001 SOUTH DIXIE HIGHWAY** **WEST PALM BEACH, FL 33405**	

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

0000 - Initial Comments

A relicensure revisit survey was conducted as a desk review on 4/19/18 & 4/27/18 for St. Mary's Assisted Living Facility (License # 9264). The facility had no deficiencies identified during the survey.