STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968276	R **06/01/2018**
NAME OF PROVIDER OR SUPPLIER **BEEVA PLACE ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **137 SANTIAGO STREET** **WEST PALM BEACH, FL 33411**	

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

0000 - Initial Comments

A relicensure revisit survey was completed on 06/01/2018 at Beeva Place ALF (Lic#12193). All outstanding deficiencies were corrected.