STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965313	R **06/15/2018**
NAME OF PROVIDER OR SUPPLIER **CARLISLE PALM BEACH, THE**	STREET ADDRESS, CITY, STATE, ZIP CODE **450 EAST OCEAN AVENUE** **LANTANA, FL 33462**	

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

0000 - Initial Comments

A relicensure revisit survey was conducted by desk review on 6/15/18 for The Carlisle Palm Beach, License # 9713. The facility had no uncorrected deficiencies at the time of the visit.