

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/25/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966386	(X3) DATE SURVEY COMPLETED 06/20/2018
NAME OF PROVIDER OR SUPPLIER TRADITION OF THE PALM BEACHES	STREET ADDRESS, CITY, STATE, ZIP CODE 4880 LORING DRIVE WEST PALM BEACH, FL 33417	

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

0000 - Initial Comments

An unannounced Extended Congregate Care Monitoring survey was conducted on 6/20/18 at Tradition of the Palm Beaches, license # 10577. The facility had no deficiencies at the time of the visit.