STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965812	**06/12/2018**
NAME OF PROVIDER OR SUPPLIER **B P ASSISTED LIVING FACILITY II**	STREET ADDRESS, CITY, STATE, ZIP CODE **1174 WYNNEWOOD DR** **WEST PALM BEACH, FL 33417**	

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

0000 - Initial Comments

An unnannounced Monitoring Visit was conducted at BP Assisted Living Facility II, on 6/12/2018, License #10137. The facility had no deficiencies identitifed during the time of the visit, facility census was zero.