STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968185	R **07/03/2018**
NAME OF PROVIDER OR SUPPLIER **HAVENCREST ALF OF PALM BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **2880 NW 25TH WY** **BOCA RATON, FL 33434**	

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

0000 - Initial Comments

A relicensure second revisit survey was conducted by desk review on 07/03/18 for Havencrest ALF of Palm Beach, license #12157. The facility corrected all outstanding deficiencies.