STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967848	R **07/12/2018**
NAME OF PROVIDER OR SUPPLIER **PALM SHADES ADULT HOME CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5702 E LINCOLN CIR** **LAKE WORTH, FL 33463**	

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 07/12/18 for Palm Shades Adult Home Care Inc, License #11843. The facility corrected all outstanding deficiencies at the time of the visit.