| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11964771** | **07/30/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**ST MARY'S ASSISTED LIVING FACILITY** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**7001 SOUTH DIXIE HIGHWAY**<br>**WEST PALM BEACH, FL 33405** | |

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

**0000 - Initial Comments**

An unannounced licensure complaint survey, CCR #2018006668, was conducted on July 30th, 2018 at St. Mary's Assisted Living Facility, License #9264. The facility had no deficiencies at the time of the investigation.