STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966784	**10/10/2018**
NAME OF PROVIDER OR SUPPLIER **ALF HOME ASSISTED LIVING PLUS MORE**	STREET ADDRESS, CITY, STATE, ZIP CODE **4941 PINE CONE LANE** **WEST PALM BEACH, FL 33417**	

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

0000 - Initial Comments

An unannounced licensure compliant survey, CCR#2017003133 was conducted on 10/10/18 at ALF Home Assisted Living Plus More, License #10926. The facility had no deficiencies identified at the time of the survey.

An unannounced Relicensure survey was conducte in conjunction with the licensure complaint survey on the same date. See separate report for findings.