STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964771	**10/09/2018**
NAME OF PROVIDER OR SUPPLIER **ST MARY'S ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **7001 SOUTH DIXIE HIGHWAY** **WEST PALM BEACH, FL 33405**	

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

0000 - Initial Comments

An unannounced licensure complaint surveys (CCR#2018012750 & CCR#2018010400) were completed on 10/03/2018 & 10/04/2018 & 10/09/2018, at St Mary's Assisted Living Facility (Lic# 9264). The facility had no deficiencies identified at the time of the survey.