STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965791	R **10/16/2018**
NAME OF PROVIDER OR SUPPLIER **SEAGULL PLACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1233 ISLAND RD** **WEST PALM BEACH, FL 33404**	

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

0000 - Initial Comments

An unannounced licensure complaint revisit survey, CCR#2018013428 was conducted from 10-15-18 to 10-16-18 for Seagull Place , license #10132. The facility corrected the outstanding deficiencies at the time of the survey.