STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964724	**09/11/2018**
NAME OF PROVIDER OR SUPPLIER **LOURDES PAVILION**	STREET ADDRESS, CITY, STATE, ZIP CODE **311 SOUTH FLAGLER DRIVE** **WEST PALM BEACH, FL 33401**	

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

0000 - Initial Comments

An unannounced Limited Nursing Services (LNS) monitoring survey was conducted on 09/07/2018 through 09/11/2018 at Lourdes Pavilion, License #9213, Assisted Living Facility. The facility had no deficiencies found at the time of the visit.