STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969463	**11/19/2018**
NAME OF PROVIDER OR SUPPLIER **YOURLIFE OF PALM BEACH GARDENS**	STREET ADDRESS, CITY, STATE, ZIP CODE **13465 PASTEUR BLVD** **PALM BEACH GARDENS, FL 33418**	

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

0000 - Initial Comments

An announced initial Assisted Living Facility licensure survey was conducted on 11/19/18 at Yourlife of Palm Beach Gardens for a capacity of 233. The facility had no deficiencies identified at the time of the survey.