STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966287	**11/15/2018**
NAME OF PROVIDER OR SUPPLIER **INN AT LA POSADA**	STREET ADDRESS, CITY, STATE, ZIP CODE **3600 MASTERPIECE WAY** **WEST PALM BEACH, FL 33410**	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR #2018012981, was commenced on November 6, 2018, and concluded on November 15, 2018 at Inn At La Posada, License #10600. The facility had no deficiencies at the time of the survey.