| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11963962** | R<br>**11/20/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**ARGO SENIOR LIVING AT HAVERHILL** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**2939 S. HAVERHILL ROAD**<br>**WEST PALM BEACH, FL 33415** | |

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

**0000 - Initial Comments**

An unannounced licensure Change of Ownership (CHOW) third revisit survey was conducted on 11/20/2018 at Argo Senior Living at Haverhill, License #8091. The previously cited deficiency was found corrected on the day of the survey.

(An unannounced licensure complaint, CCR #2018013735, was conducted in conjunction with the above CHOW third revisit survey. Please see separate report for findings.)