STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910630	R **01/07/2019**
NAME OF PROVIDER OR SUPPLIER **FINNISH-AMERICAN VILLAGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1800 SOUTH DRIVE** **LAKE WORTH, FL 33461**	

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

0000 - Initial Comments

An unannounced licensure complaint revisit survey, CCR #2018010250, was conducted by desk review on 01/07/2019 for Finnish-American Village, License #4781. The previously cited deficiency was found corrected at the time of the survey.