STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966784	R **01/07/2019**
NAME OF PROVIDER OR SUPPLIER **ALF HOME ASSISTED LIVING PLUS MORE**	STREET ADDRESS, CITY, STATE, ZIP CODE **4941 PINE CONE LANE** **WEST PALM BEACH, FL 33417**	

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

0000 - Initial Comments

An unannounced Relicensure revisit survey was conducted as a desk review on 1/7/2019, for ALF Home Assisted Living Plus More, License #10926. The facility corrected the outstanding deficiencies at the time of the survey.