STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969476	**01/24/2019**
NAME OF PROVIDER OR SUPPLIER **MEDITERRANEAN ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **4427 MEDITERRANEAN RD** **LAKE WORTH, FL 33461**	

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 1/24/19 at Mediterranean ALF for a capacity of 6. The facility had no deficiencies identified at the time of the survey.