

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/02/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966287	(X3) DATE SURVEY COMPLETED 03/19/2019
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 Extended Congregate Care monitoring survey was conducted on 3-19-2019 at Inn at la Posada . The facility had no deficiencies identified at the time of the survey.