STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969187	R **04/26/2019**
NAME OF PROVIDER OR SUPPLIER **LAURIN MANOR ASSISTED LIVING FACILITY LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5170 ST JOHN AVE S** **BOYNTON BEACH, FL 33472**	

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

0000 - Initial Comments

A revisit to the biennial survey was conducted at Laurin Manor Assisted Living Facility Llc on 04/26/19. Deficiencies were found to be corrected at the time of the survey.