STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967965	R **05/28/2019**
NAME OF PROVIDER OR SUPPLIER **ROYAL LIVING AT POMPANO ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4200 NE 19TH AVENUE** **POMPANO BEACH, FL 33064**	

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

0000 - Initial Comments

A second revisit to the Relicensure survey was conducted by desk review on 05/28/2019 for Royal Living at Pompano ALF, Inc. The previously cited deficiency was found corrected at the time of the survey.