STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953544	R **05/23/2019**
NAME OF PROVIDER OR SUPPLIER **PALMS VILLA**	STREET ADDRESS, CITY, STATE, ZIP CODE **2131 NW 28TH STREET** **OAKLAND PARK, FL 33311**	

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 05/23/19 for Palms Villa. The previsouly cited deficiency was found corrected at the time of the survey.