STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953528	R **06/06/2019**
NAME OF PROVIDER OR SUPPLIER **WYNDHAM HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **417 WESTWOOD ROAD** **WEST PALM BEACH, FL 33401**	

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

0000 - Initial Comments

A revisit to a biennial survey was conducted at at Wyndham House on 06/06/19. Deficiencies were found to be corrected at the time of the survey.