STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910698	**03/22/2016**
NAME OF PROVIDER OR SUPPLIER **LINCOLN MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **2144 LINCOLN STREET HOLLYWOOD, FL 33020**	

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

0000 Initial Comments

A Limited Nursing Services monitoring survey was conducted at Lincoln Manor on 03/22/2016. Lincoln Manor had no deficiencies at the time of the monitoring survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 31, 2016

Administrator
Lincoln Manor
2144 Lincoln Street
Hollywood, FL 33020

Re: Limited Nursing Services

Dear Administrator:

This letter reports findings of a State Licensure Survey that was conducted on March 22, 2016 by a representative from this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

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