

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/15/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932651	(X3) DATE SURVEY COMPLETED 01/30/2017
NAME OF PROVIDER OR SUPPLIER ANNIE'S RETIREMENT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1650 NE 62ND STREET FORT LAUDERDALE, FL 33334	

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

0000 - Initial Comments

An unannounced abbreviated relicensure survey was conducted 1/30/17 at Annie's Retirement Home (license #8184). The facility had no deficiencies identified at the time of the survey.