STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910670	R **02/09/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
2065INC FORT LAUDERDALE RETIREMENT HOME ANNEX	**420 SE 12TH COURT** **FORT LAUDERDALE, FL 33316**

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

0000 - Initial Comments

A desk revisit to the Relicensure survey was conducted on 02/09/17 at Fort Lauderdale Retirement Home Annex. The facility had no deficiencies found at the time of the visit.