STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965781	**12/16/2016**
NAME OF PROVIDER OR SUPPLIER **AZALEA OPCO LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1701 MAYO STREET** **HOLLYWOOD, FL 33020**	

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

0000 - Initial Comments

An unannounced complaint survey for CCR# 2016010836 was conducted 12/15/16 through 12/16/16 at Azalea Opco, an Assisted Living Faciltiy (license #10106). The facility had no deficiencies identified at the time of the visit.