

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/21/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965541	(X3) DATE SURVEY COMPLETED R 02/09/2017
NAME OF PROVIDER OR SUPPLIER A & L HEALTHCARE CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 11764 NW 30TH STREET CORAL SPRINGS, FL 33065	

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

0000 - Initial Comments

An unannounced revisit survey was conducted at A&L Healthcare Corp on 2/9/17. The facility had no deficiencies identified at the time of the survey.