

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/22/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968344	(X3) DATE SURVEY COMPLETED 02/09/2017
NAME OF PROVIDER OR SUPPLIER LIFESTYLE LIVING #1	STREET ADDRESS, CITY, STATE, ZIP CODE 3513 POLK STREET HOLLYWOOD, FL 33021	

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

0000 - Initial Comments

A monitoring inspection was conducted on 2-9-17 at Lifestyle Living #1. The facility had no deficiencies identified at the time of the visit.