STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953662	**02/10/2017**
NAME OF PROVIDER OR SUPPLIER **FAIRWAY PARK RETIREMENT FACILITY CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **16324 S W 99TH COURT** **MIAMI, FL 33157**	

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

0000 - Initial Comments

A complaint inspection (CCR#) was conducted at Fairway Park Retirement Facility Corp (License #8673) on 02/03/17 through 02/10/17. Deficiencies were identified and were cited under biennial the biennial survey (Aspen ID # GBIR11):