STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968676	R **02/28/2017**
NAME OF PROVIDER OR SUPPLIER **ALL DUNN ASSISTANT LIVING, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **5726-28 LINCOLN STREET** **HOLLYWOOD, FL 33021**	

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

0000 - Initial Comments

A relicensure survey desk review revisit was conducted for All Dunn Assisted Living Facility on 02/28/2017 (License#12606). All of the outstanding deficiencies were corrected at the time of the desk review, A 0026, A 0081, A 0083, A 0090 and A 0093.