

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/22/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966400	(X3) DATE SURVEY COMPLETED 03/03/2017
NAME OF PROVIDER OR SUPPLIER PHOENIX SENIOR LIVING II, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 5882 NW 73RD COURT PARKLAND, FL 33067	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced Relicensure survey was conducted on 3/3/2017 at Phoenix Senior Living II License # 10598. The facility had no deficiencies identified at the time of the visit.		