STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910698	R **02/28/2017**
NAME OF PROVIDER OR SUPPLIER **LINCOLN MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **2144 LINCOLN STREET** **HOLLYWOOD, FL 33020**	

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

0000 - Initial Comments

A desk review revisit survey was conducted on 02/28/2017 for a follow up to a monitoring inspection. Lincoln Manor assisted living facility was found to be in compliance during the desk review.