

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/07/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964730	(X3) DATE SURVEY COMPLETED R 04/03/2017
NAME OF PROVIDER OR SUPPLIER MAJESTIC MEMORY CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 ARTHUR STREET HOLLYWOOD, FL 33019	

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

0000 - Initial Comments

An unannounced revisit to the licensure survey was conducted on 04/03/2017 at Majestic Memory Care, License # 11964730. The facility had corrected all previously cited deficiencies at the time of the visit.