STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942911	R **04/06/2017**
NAME OF PROVIDER OR SUPPLIER **LAKEVIEW ALF ENTERPRISES, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **3833 SW 33RD STREET** **HOLLYWOOD, FL 33023**	

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

0000 - Initial Comments

A Desk Review for the licensure survey was conducted on 04/06/2017 for Lakeview Alf Enterprises, Inc. an Assisted Living Facility (license # 8312) in Hollywood, Florida. All of the previously cited deficiencies had been corrected at the time of the desk review.