STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967934	R **04/06/2017**
NAME OF PROVIDER OR SUPPLIER **AUDREY'S TLC II**	STREET ADDRESS, CITY, STATE, ZIP CODE **6808 MERION PLACE** **NORTH LAUDERDALE, FL 33068**	

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

0000 - Initial Comments

A Desk Review licensure survey was conducted on 03/31/2017 and 04/06/2017 for Audrey's TLC II, License # AL11943. All of the previously cited deficiencies had been corrected at the time of the visit.