STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964524	**04/04/2017**
NAME OF PROVIDER OR SUPPLIER **ADAMS RETIREMENT HOME, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **401 PENNSYLVANIA AVENUE** **FORT LAUDERDALE, FL 33312**	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR #2017000133, was conducted on 4/4/17 at Adams Retirement Home, License # 9053. The facility had no deficiencies at the time of the investigation.