| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11966229** | R<br>**04/28/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**ADVANTAGE SENIOR LIVING FACILITY LLC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1701 SW 47TH AVENUE**<br>**FORT LAUDERDALE, FL 33317** | |

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

**0000 - Initial Comments**

A desk review revisit survey was conducted on 04/27/2017 to 04/28/2017 for Advantage Senior Living (License # 10472). The facility had no deficiencies at the time of the revisit.