STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965781	**04/13/2017**
NAME OF PROVIDER OR SUPPLIER **AZALEA OPCO LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1701 MAYO STREET** **HOLLYWOOD, FL 33020**	

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

0000 - Initial Comments

A monitoring inspection was conducted on 4-13-17. The Azalea OPCO LLC, assisted living facility, License #10106 had no deficiencies identified during this visit.