STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969123	**04/18/2017**
NAME OF PROVIDER OR SUPPLIER **WELLNESS LIVING IN PLANTATION LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **221 NW 49TH AVE** **PLANTATION, FL 33317**	

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

0000 - Initial Comments

An Assisted Living Facility licensure survey (for a capacity of 6) was conducted at Wellness Living of Plantation on 4/18/2017. The facility had no deficiencies found during the time of the survey.

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