

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/16/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966907	(X3) DATE SURVEY COMPLETED 05/11/2017
NAME OF PROVIDER OR SUPPLIER GENESIS ASSISTED LIVING FACILITY, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1510 SW 68TH AVENUE NORTH LAUDERDALE, FL 33068	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted on 5/11/2017 at Genesis ALF, License #11025.
The facility had no deficiencies at the time of the visit.