STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967911	R **05/22/2017**
NAME OF PROVIDER OR SUPPLIER **VANDOR GERIATRIC HOMECARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2110 NORTH 46TH AVENUE** **HOLLYWOOD, FL 33021**	

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

0000 - Initial Comments

A Desk Review was conducted for Vandor Geriatric Homecare Inc., Assisted Living Facility, license # 12016 on 05/22/2017.
All previously cited deficiencies were corrected.