STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964592	**05/30/2017**
NAME OF PROVIDER OR SUPPLIER **MEADOW BROOK RETIREMENT HOME, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6741 EVANS STREET** **HOLLYWOOD, FL 33024**	

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

0000 - Initial Comments

An unannounced Extended Congregate Care monitoring survey was conducted on 05/30/17 at Meadow Brook Retirement Home, Inc. License #9113 . The facility had no deficiencies at the time of the visit.