

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/09/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910716	(X3) DATE SURVEY COMPLETED R 06/01/2017
NAME OF PROVIDER OR SUPPLIER NORTH LAKE RETIREMENT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1222 NORTH 16TH AVENUE HOLLYWOOD, FL 33020	

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

0000 - Initial Comments

A desk review to complaint investigation (CCR 2017000093) was conducted at North Lake Retirement Home, Inc. (license 7395) in Hollywood, Florida on 06/01/2017. The facility had no deficiencies identified at the time of the survey.