STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943030	R **06/01/2017**
NAME OF PROVIDER OR SUPPLIER **TREEMONT ON THE PARK**	STREET ADDRESS, CITY, STATE, ZIP CODE **3881 NE 3RD AVENUE** **OAKLAND PARK, FL 33334**	

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

0000 - Initial Comments

A desk review revisit survey to the Relicensure survey was conducted on 06/01/2017 for Treemont by the Park (License#8336). The facility had no deficiencies identified at the time of the survey.