

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/12/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965650	(X3) DATE SURVEY COMPLETED R 06/05/2017
NAME OF PROVIDER OR SUPPLIER RES-CARE PREMIER	STREET ADDRESS, CITY, STATE, ZIP CODE 12981 SW 52ND STREET FORT LAUDERDALE, FL 33330	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A desk review was conducted on 06/01/2017 and 06/05/2017 for Res-Care Primier (License # 10009). The facility had no deficiencies identified at the time of the survey.		