STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966881	R **06/01/2017**
NAME OF PROVIDER OR SUPPLIER **HOLLYWOOD MANOR ASSISTED LIVING, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1928 WASHINGTON STREET** **HOLLYWOOD, FL 33020**	

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 05/30/2017 and 06/01/2017 at Hollywood Manor Assisted Living Inc., License #11003. The facility had deficiencies at the time of the visit.