

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/18/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965218	(X3) DATE SURVEY COMPLETED 06/06/2017
NAME OF PROVIDER OR SUPPLIER LAKEVIEW RETIREMENT RESIDENCE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2304 NW 52ND COURT FORT LAUDERDALE, FL 33309	

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

0000 - Initial Comments

An unannounced Limited Nursing Services survey was conducted on 06/06/17 at Lakeview Retirement Residence, Inc., License #9618 . The facility had no deficiencies at the time of the visit.