

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/25/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910711	(X3) DATE SURVEY COMPLETED R 10/13/2016
NAME OF PROVIDER OR SUPPLIER MIDTOWN MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 2001 POLK STREET HOLLYWOOD, FL 33020	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Previously cited deficiency for CCR#2016001639 was corrected on 10/11/16 - 10/13/16 at Midtown Manor, License #6508.		