STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964523	**07/18/2017**
NAME OF PROVIDER OR SUPPLIER **SPRING MANOR ASSISTED LIVING INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1780 NW 112 TERRACE** **CORAL SPRINGS, FL 33071**	

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

0000 - Initial Comments

An unannounced Abbreviated Relicensure survey was conducted on 07/18/2017 at Spring Manor Assisted Living Inc, License # 9038. The facility had no deficiencies at the time of the visit.