

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/08/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968026	(X3) DATE SURVEY COMPLETED R 07/27/2017
NAME OF PROVIDER OR SUPPLIER LESLEY LEISURE LIVING III	STREET ADDRESS, CITY, STATE, ZIP CODE 8080 NW 51ST STREET LAUDERHILL, FL 33351	

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

0000 - Initial Comments

An revisit survey to the re-licensure survey was conducted on 07/27/2017 at Lesley's Leisure Living III, License # 12018. The facility had no deficiencies found at the time of the revisit.