STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964414	**08/08/2017**
NAME OF PROVIDER OR SUPPLIER **ADORING RANCHES**	STREET ADDRESS, CITY, STATE, ZIP CODE **14450 STIRLING ROAD** **FORT LAUDERDALE, FL 33330**	

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

0000 - Initial Comments

An announced abbreviated relicensure survey was conducted on 08/08/2017 at Adoring Ranches Assisted Living Facility, License # 9019. The facility had no deficiencies found at the time of the visit.