| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11966757** | **07/26/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**LIFESTYLE LIVING #2** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**833 NORTH RAINBOW DRIVE**<br>**HOLLYWOOD, FL 33021** | |

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

**0000 - Initial Comments**

A complaint investigation survey (CCR#2017005192) was conducted on 7/26/2017 at Lifestyle Living #2, (LIC.#10901). The facility had no deficiencies at the time of the visit.