STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965625	**08/03/2017**
NAME OF PROVIDER OR SUPPLIER **ACTIVE SENIOR LIVING RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **9057 NW 57TH STREET** **TAMARAC, FL 33321**	

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

0000 - Initial Comments

An unannounced change of ownership survey with Limited Nursing Services (LNS) was conducted on 8/02/2017 and 8/03/2017 at Active Senior Living Residence, License #9969. The facility had no deficiencies at the time of the visit.

The LNS portion of the survey was conducted on 8/4/17. See separate report for findings.