STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966923	R **08/30/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
I & G ASSISTED LIVING FACILITY, INC	**6560 HARBOUR ROAD** **NORTH LAUDERDALE, FL 33068**

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

0000 - Initial Comments

A Relicensure revisit survey was conducted on 7/31/17 and 8/30/17 at I & G Assisted Living Facility (license 11032) . The facility had no uncorrected deficiencies identified during the survey .