STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965201	R **08/18/2017**
NAME OF PROVIDER OR SUPPLIER **ASSISTED LIVING OF PEMBROKE PINES**	STREET ADDRESS, CITY, STATE, ZIP CODE **1985 NW 179TH AVE** **PEMBROKE PINES, FL 33029**	

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

0000 - Initial Comments

A relicensure revisit survey was conducted on 7-27-17 and 8-18-17 for Assisted Living of Pembroke Pines (License # 9567). The facility had no uncorrected deficiencies identified during this visit.