STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966997	R **09/19/2017**
NAME OF PROVIDER OR SUPPLIER **A & L HEALTH CARE, CORP #2**	STREET ADDRESS, CITY, STATE, ZIP CODE **8208 NW 14TH STREET** **CORAL SPRINGS, FL 33071**	

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

0000 - Initial Comments

A Revisit to the re-licensure survey was conducted as a desk review on September 19, 2017 for A & L Health Care, Corp #2, License #11141. Previously cited deficiencies were found corrected.