

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/22/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965781	(X3) DATE SURVEY COMPLETED R 09/19/2017
NAME OF PROVIDER OR SUPPLIER AZALEA OPCO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1701 MAYO STREET HOLLYWOOD, FL 33020	

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

0000 - Initial Comments

A Revisit to a monitoring visit was conducted as a desk review on September 19, 2017 for Azalea Opco, LLC, License #10106. Previously cited deficiencies were found corrected.