

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/27/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953618	(X3) DATE SURVEY COMPLETED 07/19/2017
NAME OF PROVIDER OR SUPPLIER ABSOLUTE CARE ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 3621 NW 90TH TERRACE SUNRISE, FL 33351	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR#2017004597, was conducted on 7/19/17 at Absolute Care ALF, License # 8626. The facility had no deficiencies at the time of the investigation