STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910710	R **09/19/2017**
NAME OF PROVIDER OR SUPPLIER **MERRIMENT MANOR RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **1835 WILSON STREET** **HOLLYWOOD, FL 33020**	

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

0000 - Initial Comments

A desk review revisit to the Monitoring Survey was conducted on 09/19/2017 at Merriment Manor Retirement Home Assisted Living Facility, license #4782. The facility had no deficiencies st the time of the visit.