

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 10/04/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964524	(X3) DATE SURVEY COMPLETED 09/20/2017
NAME OF PROVIDER OR SUPPLIER ADAMS RETIREMENT HOME, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 401 PENNSYLVANIA AVENUE FORT LAUDERDALE, FL 33312	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 - Initial Comments

An unannounced abbreviated Relicensure survey was conducted on 9/20/2017 at Adams Retirement Home, Inc., License #9053. The facility had no deficiencies at the time of the visit.