STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968087	R **10/04/2017**
NAME OF PROVIDER OR SUPPLIER **ASSISTED LIVING OF PARKLAND**	STREET ADDRESS, CITY, STATE, ZIP CODE **7768 NW 71ST WAY PARKLAND** **PARKLAND, FL 33067**	

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

0000 - Initial Comments

A Relicensure revisit survey was conducted as a desk review on September 19, 2017 and October 4, 2017 for Assisted Living Of Parkland, License #12028. Previously cited deficiencies were found corrected.