STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965079	R **03/16/2017**
NAME OF PROVIDER OR SUPPLIER **LINDSAY'S ALTERNATIVE CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5783 NW 48TH DRIVE** **CORAL SPRINGS, FL 33067**	

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

0000 - Initial Comments

A revisit to a licensure complaint survey, CCR# 2016013508, was completed for Lindsay's Alternative Care, license 9506 by desk review on 3/16/17. The facility had no deficiencies identified during the survey.