STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910716	**08/17/2017**
NAME OF PROVIDER OR SUPPLIER **NORTH LAKE RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **1222 NORTH 16TH AVENUE** **HOLLYWOOD, FL 33020**	

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

0000 - Initial Comments

An unannounced Complaint Investigation (CCR #2017005362) was conducted on August 17, 2017 at North Lake Retirement Home (License # 7395). There were no deficiencies issued at the the time of the survey.