

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/13/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910686	(X3) DATE SURVEY COMPLETED 10/25/2017
NAME OF PROVIDER OR SUPPLIER INDEPENDENCE HALL	STREET ADDRESS, CITY, STATE, ZIP CODE 1639 NE 26TH STREET FORT LAUDERDALE, FL 33305	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted at Independence Hall, license #4416 on October 25, 2017. The facility had no deficiencies identified at the time of the visit.