STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965179	R **11/21/2017**
NAME OF PROVIDER OR SUPPLIER **SAFE HARBOR ASSISTED LIVING RESORT**	STREET ADDRESS, CITY, STATE, ZIP CODE **1320 SW 26TH STREET** **FORT LAUDERDALE, FL 33315**	

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

0000 - Initial Comments

An unannounced revisit to the complaint survey (CCR #2017005580 & CCR #2017006114) was conducted on 11/21/2017 at Safe Harbor Assistanted Living Resort (License#9568). The facility had no deficiencies found at the time of the survey.