STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953618	R **11/15/2017**
NAME OF PROVIDER OR SUPPLIER **ABSOLUTE CARE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **3621 NW 90TH TERRACE** **SUNRISE, FL 33351**	

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

0000 - Initial Comments

An unannounced revisit was conducted on 11/14/2017 through 11/15/2017 at Absolute Care ALF (Lic#8626). All outstanding deficiencies were corrected.