STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964730	**12/13/2017**
NAME OF PROVIDER OR SUPPLIER **MAJESTIC MEMORY CARE CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **1200 ARTHUR STREET** **HOLLYWOOD, FL 33019**	

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

0000 - Initial Comments

An unannounced complaint survey, CCR #2017009308 was conducted at Majestic Memory Care Center, license #9201 on December 01, 2017 and December 13, 2017. There were no deficiencies identified at the time of the visit.