

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 01/10/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965781	(X3) DATE SURVEY COMPLETED 12/14/2017
NAME OF PROVIDER OR SUPPLIER AZALEA OPCO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1701 MAYO STREET HOLLYWOOD, FL 33020	

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

0000 - Initial Comments

An unannounced complaint survey, CCR#2017010986 was conducted on 12/14/2017 at Azalea Opco, LLC, License #10106. The facility had no deficiency identified at the time of the visit.