

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/10/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969137	(X3) DATE SURVEY COMPLETED 12/26/2017
NAME OF PROVIDER OR SUPPLIER ANNE ASSISTED LIVING FACILITY INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1708 SW 11 CT FORT LAUDERDALE, FL 33312	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Limited Nursing Service (LNS) monitoring visit was conducted on 12/26/17 at Anne Assisted Living Facility Inc., License #12966. The facility had no deficiencies at the time of the visit.		