STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964592	**12/15/2017**
NAME OF PROVIDER OR SUPPLIER **MEADOW BROOK RETIREMENT HOME, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6741 EVANS STREET** **HOLLYWOOD, FL 33024**	

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

0000 - Initial Comments

A relicensure survey was conducted on 12/15/17. The Meadow Brook Retirement Home assisted living facility, License #9113. The facility had no deficiencies identified during this visit.