STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966561	R **01/16/2018**
NAME OF PROVIDER OR SUPPLIER **CARING PLACE (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **2953 NW 10TH COURT** **FORT LAUDERDALE, FL 33311**	

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

0000 - Initial Comments

A Relicensure revisit survey was conducted by desk review on 01/16/18 for Caring Place (the) Assisted Living Facility, license #10744. The facility corrected all outstanding deficiencies.