STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965625	R **01/19/2018**
NAME OF PROVIDER OR SUPPLIER **ACTIVE SENIOR LIVING RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **9057 NW 57TH STREET** **TAMARAC, FL 33321**	

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

0000 - Initial Comments

A monitoring survey revisit was conducted by desk review on 01/19/18 for Active Senior Living Residence, License #9969. The facility corrected all outstanding citations.