STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965639	R **01/18/2018**
NAME OF PROVIDER OR SUPPLIER **UNIQUE ASSISTED LIVING RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **8501 NW 38TH STREET** **CORAL SPRINGS, FL 33065**	

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

0000 - Initial Comments

A Relicensure survey revisit was conducted by desk review on 01/18/2018 for Unique Assisted Living Residence, License #9991. The facility had no deficiencies at the time of the revisit.