STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932698	**01/09/2018**
NAME OF PROVIDER OR SUPPLIER **PARK SUMMIT AT CORAL SPRINGS**	STREET ADDRESS, CITY, STATE, ZIP CODE **8500 ROYAL PALM BLVD** **CORAL SPRINGS, FL 33065**	

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

0000 - Initial Comments

An unannounced abbreviated survey was conducted on 01/09/2018 at Park Summit at Coral Springs License # 4917. The facility had no deficiencies at the time of survey.