

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/19/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910711	(X3) DATE SURVEY COMPLETED 07/17/2015
NAME OF PROVIDER OR SUPPLIER MIDTOWN MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 2001 POLK STREET HOLLYWOOD, FL 33020	

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

0000 - Initial Comments

An unannounced licensure complaint survey (CCR # 2015003880; CCR#2015004412; CCR#2015004800 was conducted on 7/6-7/2015; 7/16-17/2015. Midtown Manor did not have deficiencies found at the time of the visit.