STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910722	R **02/13/2018**
NAME OF PROVIDER OR SUPPLIER **LAUDERHILL MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **2801 NW 55TH AVENUE** **LAUDERHILL, FL 33313**	

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

0000 - Initial Comments

A revisit to the Relicensure survey was conducted on 2/13/2018 at Lauderhill Manor, License #7249.
There were no deficiencies found during the time of the visit.