STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910698	**02/15/2018**
NAME OF PROVIDER OR SUPPLIER **LINCOLN MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **2144 LINCOLN STREET** **HOLLYWOOD, FL 33020**	

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

0000 - Initial Comments

An unannounced abbreviated survey was conducted on 02/15/2018 at Lincoln Manor (License # 5672).
The facility had no deficiencies at the time of the survey.