STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969331	**02/12/2018**
NAME OF PROVIDER OR SUPPLIER **MARGATE ASSISTED LIVING & ADULT CARE CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **521 NW 70TH WAY** **MARGATE, FL 33063**	

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

0000 - Initial Comments

An initial licensure survey was conducted on 2/12/18 at Margate Assisted Living & Adult Care Center, for a capacity of 6. The facility had no deficiencies at the time of the visit.