STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964523	R **02/16/2018**
NAME OF PROVIDER OR SUPPLIER **SPRING MANOR ASSISTED LIVING INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1780 NW 112 TERRACE** **CORAL SPRINGS, FL 33071**	

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

0000 - Initial Comments

A desk review revisit to Complaint Survey, CCR #2017009539, was conducted on 02/16/2018 for Spring Manor Assisted Living Inc (License #9038). All outstanding deficiencies were corrected.