| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968087** | R<br>**03/05/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**ASSISTED LIVING OF PARKLAND** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**7768 NW 71ST WAY PARKLAND**<br>**PARKLAND, FL 33067** | |

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

**0000 - Initial Comments**

A complaint revisit survey, CCR #2017010658 was conducted by desk review on 02/19/18, 02/21/18, 02/28/18 & 03/5/18 for Assisted Living of Parkland, License #12028. Previously cited deficiencies were corrected.