STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965650	R **03/12/2018**
NAME OF PROVIDER OR SUPPLIER **RES-CARE PREMIER**	STREET ADDRESS, CITY, STATE, ZIP CODE **12981 SW 52ND STREET** **FORT LAUDERDALE, FL 33330**	

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

0000 - Initial Comments

An unannounced revisit to the complaint survey CCR# 2017014816, was conducted on 3/12/2018 at-Res Care Premier, Inc, License # 10009. Previously cited deficiencies were found corrected.