STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910671	R **03/22/2018**
NAME OF PROVIDER OR SUPPLIER **FORT LAUDERDALE RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **401 SE 12TH COURT** **FORT LAUDERDALE, FL 33316**	

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

0000 - Initial Comments

An unannounced revisit to the Relicensure Survey was conducted on [redacted] at Fort Lauderdale Retirement Home, License #6634. The facility had no deficiencies at the time of the visit.