STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969123	R **03/20/2018**
NAME OF PROVIDER OR SUPPLIER **WELLNESS LIVING IN PLANTATION LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **221 NW 49TH AVE** **PLANTATION, FL 33317**	

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

0000 - Initial Comments

An unannounced Limited Nursing Service (LNS) survey revisit was conducted on 3/20/18 at Wellness Living in Plantation, LLC, License #13003. The facility had no deficiencies at the time of the visit.