

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/01/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968563	(X3) DATE SURVEY COMPLETED R 04/10/2018
NAME OF PROVIDER OR SUPPLIER MORNING BREEZE ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 5940 NW 19TH COURT LAUDERHILL, FL 33313	

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 04/10/2018 at Morning Breeze Assisted Living Facility, License #12455. The facility had no deficiencies at the time of the revisit.