STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910716	R **05/02/2018**
NAME OF PROVIDER OR SUPPLIER **NORTH LAKE RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **1222 NORTH 16TH AVENUE** **HOLLYWOOD, FL 33020**	

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

0000 - Initial Comments

An complaint survey revisit, CCR #2018002708, was conducted on 05/02/2018 at North Lake Retirement Home (License #7395) . All outstanding deficiencies were corrected.