STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942998	**05/03/2018**
NAME OF PROVIDER OR SUPPLIER **TOWERS RETIREMENT HOME MANAGEMENT, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **824 SE 2ND STREET** **FORT LAUDERDALE, FL 33301**	

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

0000 - Initial Comments

An unannounced wellness monitoring survey was conducted on 05/03/2017 at Towers Retirement Home Management (License #6654). There were no deficiencies found during the time of the survey.