STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910672	**04/27/2018**
NAME OF PROVIDER OR SUPPLIER **PACIFICA SENIOR LIVING FOREST TRACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **5500 NW 69TH AVENUE** **LAUDERHILL, FL 33319**	

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

0000 - Initial Comments

An unannounced licensure complaint, CCR #2018002175 survey was conducted on 4/27/18 at Pacifica Senior Living Forest Trace ALF, License # 7448. The facility had no deficiencies at the time of the visit.