STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911212	R **06/18/2018**
NAME OF PROVIDER OR SUPPLIER **KELLY'S ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1441 - 1451 NW 20TH STREET** **FORT LAUDERDALE, FL 33311**	

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

0000 - Initial Comments

A relicensure revisit survey was conducted as a desk review on 06/18/2018 for Kelly's Assisted Living Facility (Lic#5485). The facility corrected all outstanding deficiencies at the time of the survey.