

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/11/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910711	(X3) DATE SURVEY COMPLETED R 06/18/2018
NAME OF PROVIDER OR SUPPLIER MIDTOWN MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 2001 POLK STREET HOLLYWOOD, FL 33020	

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

0000 - Initial Comments

A revisit to the Complaint Surveys CCR #2017010178, 2017010857, 2017010919, and 2017011957 was conducted on 6/06/2018 through 6/18/2018 at Midtown Manor Assisted Living Facility, License #6508. The facility had no deficiencies at the time of the visit.