| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11964730** | **06/14/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**MAJESTIC MEMORY CARE CENTER** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1200 ARTHUR STREET**<br>**HOLLYWOOD, FL 33019** | |

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

**0000 - Initial Comments**

An unannounced Monitoring survey was conducted on 06/14/2018 at Majestic Memory Care Center, License #9201. the facility had no deficiencies identified at the time of the survey.