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

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

**0000 - Initial Comments**

An unannounced Complaint Survey CCR #2018003272 and CCR #2018003318 was conducted on 06/04/2018 through 6/06/2018 at Midtown Manor Assisted Living Facility, license #6508. The facility had no deficiencies at the time of the visit.

This survey was conducted in conjunction with the Relicensure survey on the same date. See separate report for findings.