STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968286	**07/18/2018**
NAME OF PROVIDER OR SUPPLIER **CHRISTALLIS MANOR, CORP.**	STREET ADDRESS, CITY, STATE, ZIP CODE **2119 WILSON STREET** **HOLLYWOOD, FL 33020**	

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

0000 - Initial Comments

A Limited Nursing Service (LNS) Monitoring survey was conducted on 07/18/2018 at Christallis Manor, Corp., License #12232. The facility had no deficiencies at the time of the visit.