STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965962	R **07/20/2018**
NAME OF PROVIDER OR SUPPLIER **MAGNOLIA RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **4838 NW 93RD TERRACE** **SUNRISE, FL 33351**	

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

0000 - Initial Comments

An unannounced licensure complaint revisit survey, CCR #2018005068, was conducted on 07/17/2018 and 07/20/2018 at Magnolia Residence, License #10242. The facility corrected all outstanding deficiencies at the time of the survey.