| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11942911** | R<br>**07/24/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**BARNETT LAKEVIEW ALF INC.** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**3833 SW 33RD STREET**<br>**HOLLYWOOD, FL 33023** | |

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

**0000 - Initial Comments**

A licensure revisit survey to the CHOW (Change of Ownership) was conducted by desk review on 07/24/18 for Barnett Lakeview ALF Inc., License #8312. The facility corrected all outstanding deficiencies at the time of the survey.