STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910710	**07/25/2018**
NAME OF PROVIDER OR SUPPLIER **MERRIMENT MANOR RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **1835 WILSON STREET** **HOLLYWOOD, FL 33020**	

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

0000 - Initial Comments

A monitoring survey was conducted on 07/25/2018 at Merriment Manor Retirement Home, an Assisted Living Facility, license #4782. The facility had no deficiencies at the time of the visit

This survey was conducted in conjunction with a joint inspection conducted by the Florida Department of Health.