

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/16/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967863	(X3) DATE SURVEY COMPLETED R 07/31/2018
NAME OF PROVIDER OR SUPPLIER ROCKWELL SENIORS, INC II	STREET ADDRESS, CITY, STATE, ZIP CODE 5030 NW 44TH AVENUE COCONUT CREEK, FL 33073	

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

0000 - Initial Comments

A relicensure revisit survey was conducted on 07/31/18 at Rockwell Seniors Inc. II, License #11864. The facility corrected the outstanding deficiency.