STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966696	R **08/21/2018**
NAME OF PROVIDER OR SUPPLIER **LEORAY ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **101 THOMAS ROAD** **HOLLYWOOD, FL 33023**	

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

0000 - Initial Comments

An unannounced relicensure revisit survey was conducted as a desk review on August 21, 2018 for Leoray ALF, Inc., License #10836. The previously cited deficiency was found corrected.