

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 08/30/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968286	(X3) DATE SURVEY COMPLETED R 08/27/2018
NAME OF PROVIDER OR SUPPLIER CHRISTALLIS MANOR, CORP.	STREET ADDRESS, CITY, STATE, ZIP CODE 2119 WILSON STREET HOLLYWOOD, FL 33020	

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

0000 - Initial Comments

A Relicensure revisit survey was conducted by desk review on 08/16/2018 and 08/27/2018 for Christallis Manor, Corp., License #12232. All outstanding deficiencies were corrected.