

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/17/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965179	(X3) DATE SURVEY COMPLETED R 08/29/2018
NAME OF PROVIDER OR SUPPLIER SAFE HARBOR ASSISTED LIVING RESORT	STREET ADDRESS, CITY, STATE, ZIP CODE 1320 SW 26TH STREET FORT LAUDERDALE, FL 33315	

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

0000 - Initial Comments

An unannounced Relicensure survey second revisit was conducted on 08/29/2018 at Safe Harbor Assisted Living Resort, License #9568. The previously cited deficiency was found corrected.