STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965179	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 licensure complaint revisit survey, CCR #2018003154, was conducted on 08/29/2018 at Safe Harbor Assisted Living Resort, License #9568. The previously cited deficiency was found corrected.