

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/19/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968676	(X3) DATE SURVEY COMPLETED R 09/14/2018
NAME OF PROVIDER OR SUPPLIER ALL DUNN ASSISTANT LIVING, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 5726-28 LINCOLN STREET HOLLYWOOD, FL 33021	

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

0000 - Initial Comments

An unannounced monitoring revisit survey was conducted by desk review on September 6, 2018, September 10, 2018, and September 14, 2018 for All Dunn Assistant Living, Inc., License #12606. The facility corrected the outstanding deficiency.