STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969004	R **09/19/2018**
NAME OF PROVIDER OR SUPPLIER **JUBILEE ASSISTED LIVING OF FLORIDA LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **16639 REDWOOD WAY** **WESTON, FL 33326**	

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

0000 - Initial Comments

An unannounced Relicensure revisit survey was conducted by desk review on 9/19/18 for Jubilee Assisted Living of Florida, License#12901. The facility corrected all outstanding citations.