

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/28/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968286	(X3) DATE SURVEY COMPLETED 09/12/2018
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

An unannounced Complaint Survey, CCR#2018009524 was conducted on 9/12/2018 at Christallis Manor, Corp. Assisted Living Facility, License #12232. The facility had no deficiencies identified at the time of the visit.