STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968344	R **09/13/2018**
NAME OF PROVIDER OR SUPPLIER **LIFESTYLE LIVING #1**	STREET ADDRESS, CITY, STATE, ZIP CODE **3513 POLK STREET** **HOLLYWOOD, FL 33021**	

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

0000 - Initial Comments

An unannounced Re-licensure revisit survey was conducted on 09/13/2018 at Lifestyle Living #1, License #12254. All previously cited deficiences were corrected.