

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/02/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968344	(X3) DATE SURVEY COMPLETED 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 licensure complaint survey, CCR#2018009509 was conducted on 09/13/2018 at Lifestyle Living #1, License #12254. The facility had no deficiencies identified at the time of the survey.