

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 10/09/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922197	(X3) DATE SURVEY COMPLETED R 09/25/2018
NAME OF PROVIDER OR SUPPLIER CAMELOT COURT	STREET ADDRESS, CITY, STATE, ZIP CODE 2233 MCKINLEY STREET HOLLYWOOD, FL 33020	

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

0000 - Initial Comments

An unannounced relicensure revisit survey was conducted as a desk review on 09/10/2018 and 09/25/2018 for Camelot Court, Inc., License #7096. The facility corrected the previously cited deficiency.