

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/17/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965650	(X3) DATE SURVEY COMPLETED R 09/25/2018
NAME OF PROVIDER OR SUPPLIER RES-CARE PREMIER	STREET ADDRESS, CITY, STATE, ZIP CODE 12981 SW 52ND STREET FORT LAUDERDALE, FL 33330	

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

0000 - Initial Comments

An unannounced licensure complaint revisit survey, CCR #2018004935, was conducted on 09/25/2018 at Res-Care Premier, License #10009. The facility had no deficiencies at the time of the revisit.