STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910698	R **10/17/2018**
NAME OF PROVIDER OR SUPPLIER **LINCOLN MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **2144 LINCOLN STREET** **HOLLYWOOD, FL 33020**	

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

0000 - Initial Comments

A licensure complaint revisit survey, CCR #2018009533, was conducted by desk review on 10/17/2018 for Lincoln Manor, License #5672. The previously cited deficiency was found corrected at the time of the survey.