STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966757	R **10/18/2018**
NAME OF PROVIDER OR SUPPLIER **LIFESTYLE LIVING #2**	STREET ADDRESS, CITY, STATE, ZIP CODE **833 NORTH RAINBOW DRIVE** **HOLLYWOOD, FL 33021**	

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

0000 - Initial Comments

A licensure complaint revisit survey, CCR #2018008714, was conducted by desk review on 10/18/2018 for Lifestyle Living #2, License #10901. The previously cited deficiency was found corrected at the time of the survey.