

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 10/23/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910716	(X3) DATE SURVEY COMPLETED R 10/19/2018
NAME OF PROVIDER OR SUPPLIER NORTH LAKE RETIREMENT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1222 NORTH 16TH AVENUE HOLLYWOOD, FL 33020	

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

0000 - Initial Comments

A licensure Monitoring second revisit survey was conducted by desk review on 10/19/2018 for North Lake Retirement Home ALF, License #7395. The previously cited deficiency was found corrected at the time of the survey.