STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942718	R **10/11/2018**
NAME OF PROVIDER OR SUPPLIER **WESTCHESTER OF SUNRISE (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **9701 WEST OAKLAND PARK BLVD** **SUNRISE, FL 33351**	

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

0000 - Initial Comments

A unannounced Limited Nursing Services (LNS) monitoring revisit survey was completed on 10/11/2018 at Westchester of Sunrise (the), License #7440. All outstanding deficiencies were corrected.