STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965541	**10/11/2018**
NAME OF PROVIDER OR SUPPLIER **A & L HEALTHCARE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **11764 NW 30TH STREET** **CORAL SPRINGS, FL 33065**	

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

0000 - Initial Comments

An unannounced abbreviated relicensure survey was conducted on 10/ 11/2018 at A & L Healthcare, License # 9959. The facility had no deficiencies at the time of the survey.