

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/05/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966757	(X3) DATE SURVEY COMPLETED R 10/31/2018
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

An unannounced Relicensure revisit survey was conducted by desk review on 10/31/2018 for Lifestyle Living #2, License #10901. The facility corrected the previously cited deficiency at the time of the survey.