STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964414	**10/23/2018**
NAME OF PROVIDER OR SUPPLIER **ADORING RANCHES**	STREET ADDRESS, CITY, STATE, ZIP CODE **14450 STIRLING ROAD** **FORT LAUDERDALE, FL 33330**	

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

0000 - Initial Comments

A licensure complaint survey (CCR#2018012634) was conducted on 10/23/18 at Adoring Ranches Assisted Living Facility, License # 9019. The Adoring Ranches Assisted Living Facility had no deficiencies identified at the time of the survey.

During this survey a Generator Assessment was conducted .