STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943069	**10/26/2018**
NAME OF PROVIDER OR SUPPLIER **ATLANTIC SHORE RETIREMENT RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1500 NORTH RIVERSIDE DRIVE** **POMPANO BEACH, FL 33062**	

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

0000 - Initial Comments

An unannounced Complaint Survey, CCR# 2018011136, was conducted in conjuction with a Re-licensure Survey on 10/26/2018 at Atlantic Shore Retirement Residence Care Assisted Living Facility, License #5954. The facility had no deficiencies identified at the time of the visit.