

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/17/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911596	(X3) DATE SURVEY COMPLETED R 12/13/2018
NAME OF PROVIDER OR SUPPLIER ATRIA WILLOW WOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 2855 WEST COMMERCIAL BLVD FORT LAUDERDALE, FL 33309	

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

0000 - Initial Comments

An unannounced licensure complaint revisit survey, CCR #2018009869, was conducted by desk review on 12/13/2018 for Atria Willow Wood, License #7288. The previously cited deficiency was found corrected on the day of the survey.