STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932651	R **12/04/2018**
NAME OF PROVIDER OR SUPPLIER **ANNIE'S RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **1650 NE 62ND STREET** **FORT LAUDERDALE, FL 33334**	

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

0000 - Initial Comments

An unannounced licensure complaint revisit (CCR#2018010583) survey was conducted on 12/04/18 at Annie's Retirement Home, License #8184. The facility had no deficiencies at the time of the visit.