STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910711	R **11/30/2018**
NAME OF PROVIDER OR SUPPLIER **MIDTOWN MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **2001 POLK STREET** **HOLLYWOOD, FL 33020**	

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

0000 - Initial Comments

An unannounced licensure Complaint revisit survey, CCR #2018013388, CCR #2018012163 & CCR #2018012392, was conducted on 11/30/2018 at Midtown Manor, License #6508. The facility corrected the outstanding deficiency at the time of the survey.

(An unannounced Relicensure second revisit survey was conducted in conjunction with the above complaint revisit survey. Please see separate report for findings.)