STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969461	**12/17/2018**
NAME OF PROVIDER OR SUPPLIER **RESTFUL MEADOWS ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6800 CURRY CIRCLE** **MARGATE, FL 33068**	

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

0000 - Initial Comments

An announced initial Assisted Living Facility licensure survey for a capacity of 6 was conducted on 12/17/2018 at Restful Meadows ALF LLC. The facility had no deficiencies found at the time of the survey.