STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965962	R **01/04/2019**
NAME OF PROVIDER OR SUPPLIER **MAGNOLIA RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **4838 NW 93RD TERRACE** **SUNRISE, FL 33351**	

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

0000 - Initial Comments

An unannounced Relicensure revisit survey was conducted as a desk review on 01/03/19 and 01/04/19 for Magnolia Residence, License #10242. All previously cited deficiencies were found corrected at the time of the survey.