STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965550	R **01/07/2019**
NAME OF PROVIDER OR SUPPLIER **LINDSAY'S ALTERNATIVE CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6463 NW 43RD COURT** **CORAL SPRINGS, FL 33067**	

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 for Lindsay's Alternate Care (Lic#9941) on 01/07/2019. The outstanding deficiency was corrected.