

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/23/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922197	(X3) DATE SURVEY COMPLETED R 01/07/2019
NAME OF PROVIDER OR SUPPLIER CAMELOT COURT	STREET ADDRESS, CITY, STATE, ZIP CODE 2233 MCKINLEY STREET HOLLYWOOD, FL 33020	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced CHOW (Change of Ownership) revisit survey was conducted as a desk review on 1/7/2019, for Camelot Court, License #7096. The facility corrected all outstanding deficiencies at the time of the survey.		