STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910670	R **01/07/2019**
NAME OF PROVIDER OR SUPPLIER **2065INC FORT LAUDERDALE RETIREMENT HOME ANNEX**	STREET ADDRESS, CITY, STATE, ZIP CODE **420 SE 12TH COURT** **FORT LAUDERDALE, FL 33316**	

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

0000 - Initial Comments

An unannounced Relicensure revisit survey was conducted on 01/07/2019 at 2065inc Fort Lauderdale Retirement Home Annex, License # 6633. The facility corrected the previously cited deficiencies at the time of the survey.