

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/24/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968676	(X3) DATE SURVEY COMPLETED R 01/10/2019
NAME OF PROVIDER OR SUPPLIER ALL DUNN ASSISTANT LIVING, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 5726-28 LINCOLN STREET HOLLYWOOD, FL 33021	

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

0000 - Initial Comments

An unannounced revisit survey was conducted on 01/10/2019 for All Dunn Assistant lving, Inc (License #12606). The facility had no deficiencies identified at the time of the survey.