STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965218	R **01/14/2019**
NAME OF PROVIDER OR SUPPLIER **LAKEVIEW RETIREMENT RESIDENCE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2304 NW 52ND COURT** **FORT LAUDERDALE, FL 33309**	

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

0000 - Initial Comments

An unannounced Limited Nursing Services (LNS) Monitoring revisit survey was conducted on 01/14/2019 for Lakeview Retirement Residence, Inc, License #9618. The facility corrected the outstanding deficiency at the time of the survey.