

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/05/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967934	(X3) DATE SURVEY COMPLETED R 01/18/2019
NAME OF PROVIDER OR SUPPLIER AUDREY'S TLC II	STREET ADDRESS, CITY, STATE, ZIP CODE 6808 MERION PLACE NORTH LAUDERDALE, FL 33068	

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

0000 - Initial Comments

An unannounced Relicensure revisit survey was conducted on 1/18/19 at Audrey's TLC II, License #11943. The facility corrected the previously cited deficiencies at the time of the survey.