STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910705	**01/25/2019**
NAME OF PROVIDER OR SUPPLIER **MARGATE MANOR, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **1189 WEST RIVER DRIVE** **MARGATE, FL 33063**	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR #2018017096, was conducted on 01/25/2019 at Margate Manor, Inc, License #6649. The facility had no deficiencies at the time of the survey.

(An unannounced Relicensure revisit survey was conducted in conjunction with the above complaint survey. Please see separate report for findings.)