STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965218	**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 Relicensure survey was conducted on 01/14/2019 at Lakeview Retirement Residence, Inc License # 9618. The facility had no deficiencies at the time of the visit.