

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/11/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910672	(X3) DATE SURVEY COMPLETED R 02/07/2019
NAME OF PROVIDER OR SUPPLIER PACIFICA SENIOR LIVING FOREST TRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 5500 NW 69TH AVENUE LAUDERHILL, FL 33319	

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

0000 - Initial Comments

An unannounced Relicensure revisit survey was conducted as a desk review on 02/07/19 for Pacifica Senior Living Forest Trace, License #7448. The facility corrected the previously cited deficiency.