STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943069	R **02/08/2019**
NAME OF PROVIDER OR SUPPLIER **ATLANTIC SHORE RETIREMENT RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1500 NORTH RIVERSIDE DRIVE** **POMPANO BEACH, FL 33062**	

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

0000 - Initial Comments

An unannounced Relicensure second revisit survey was conducted by desk review on 02/08/2019 for Atlantic Shore Retirement Residence, License #5984. The previously cited deficiency was found corrected at the time of the survey.