STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910382	R **02/08/2019**
NAME OF PROVIDER OR SUPPLIER **ATRIA MERIDIAN**	STREET ADDRESS, CITY, STATE, ZIP CODE **3061 DONNELLY DRIVE** **LANTANA, FL 33462**	

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

0000 - Initial Comments

An unannounced Relicensure third revisit survey was conducted by desk review on 02/08/2019 for Atria Meridian, License #4898. The previously cited deficiency was found corrected at the time of the survey.