STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932651	R **02/06/2019**
NAME OF PROVIDER OR SUPPLIER **ANNIE'S RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **1650 NE 62ND STREET** **FORT LAUDERDALE, FL 33334**	

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

0000 - Initial Comments

An unannounced Relicensure revisit survey was conducted by desk review on 02/06/2019 for Annie's Retirement Home, License #8184. The facility corrected the previously cited deficiency.