STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966907	**02/13/2019**
NAME OF PROVIDER OR SUPPLIER **GENESIS ASSISTED LIVING FACILITY, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1510 SW 68TH AVENUE** **NORTH LAUDERDALE, FL 33068**	

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

0000 - Initial Comments

An unannounced Wellness Monitoring survey was conducted on 02/13/2019 at Genesis Assisted Living Facility, Inc, License #11025. The facility's current census is 5. The facility had no deficiencies at the time of the visit.