STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969137	R **02/14/2019**
NAME OF PROVIDER OR SUPPLIER **ANNE ASSISTED LIVING FACILITY INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1708 SW 11 CT** **FORT LAUDERDALE, FL 33312**	

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

0000 - Initial Comments

An unannounced Revisit to the relicensure survey was conducted on 02/14/19 as a desk review for Anne Assisted Living Facility, Inc., License #12966. Previously cited deficiencies were found corrected.