STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966881	R **02/26/2019**
NAME OF PROVIDER OR SUPPLIER **HOLLYWOOD MANOR ASSISTED LIVING, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1928 WASHINGTON STREET** **HOLLYWOOD, FL 33020**	

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

0000 - Initial Comments

An unannounced Relicensure revisit survey was conducted on 02/26/19 at Hollywood Manor Assisted Living, Inc., License # 11003. Previously cited deficiencies were found corrected.