

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/19/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911596	(X3) DATE SURVEY COMPLETED 03/04/2019
NAME OF PROVIDER OR SUPPLIER ATRIA WILLOW WOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 2855 WEST COMMERCIAL BLVD FORT LAUDERDALE, FL 33309	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR #2018017921 & CCR #2019001363, was conducted on 03/01/19-03/04/19 at Atria Willow Wood, License # 7288. The facility had no deficiencies identified at the time of the survey.