STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965650	R **04/11/2019**
NAME OF PROVIDER OR SUPPLIER **RES-CARE PREMIER**	STREET ADDRESS, CITY, STATE, ZIP CODE **12981 SW 52ND STREET** **FORT LAUDERDALE, FL 33330**	

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 04/05/2019 and 4/ 11/2019 at Res-Care Premier, License#10009. The previously cited deficiencies were found corrected at the time of the survey.