STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910750	R **05/07/2019**
NAME OF PROVIDER OR SUPPLIER **WILLIAMSBURG LANDING**	STREET ADDRESS, CITY, STATE, ZIP CODE **1776 NORTHEAST 26TH STREET** **WILTON MANORS, FL 33305**	

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

0000 - Initial Comments

A revisit to a Relicensure survey was conducted by desk review on 05/07/2019 at Williamsburg Landing. Deficiencies were found to be corrected at the time of the survey.