STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964414	**05/01/2019**
NAME OF PROVIDER OR SUPPLIER **ADORING RANCHES**	STREET ADDRESS, CITY, STATE, ZIP CODE **14450 STIRLING ROAD** **FORT LAUDERDALE, FL 33330**	

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

0000 - Initial Comments

A re-licensure survey was conducted at the Adoring Ranches on 05/01/19. The provider had no deficiencies at the time of the visit.