STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910705	R **05/21/2019**
NAME OF PROVIDER OR SUPPLIER **MARGATE MANOR, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **1189 WEST RIVER DRIVE** **MARGATE, FL 33063**	

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

0000 - Initial Comments

A second revisit to the Relicensure survey was conducted by desk review on 05/21/2019 for Margate Manor, Inc. The previously cited deficiency was found corrected.