| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11965079** | R<br>**06/07/2019** |
| NAME OF PROVIDER OR SUPPLIER<br>**LINDSAY'S ALTERNATIVE CARE, INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**5783 NW 48TH DRIVE**<br>**CORAL SPRINGS, FL 33067** | |

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

**0000 - Initial Comments**

A revisit to the Relicensure survey was conducted by desk review on 05/16/19 and 06/07/19 for Lindsay's Alternative Care, Inc. The previously cited deficiencies were found corrected at the time of the survey.