STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969123	**06/05/2019**
NAME OF PROVIDER OR SUPPLIER **WELLNESS LIVING IN PLANTATION LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **221 NW 49TH AVE** **PLANTATION, FL 33317**	

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

0000 - Initial Comments

A Limited Nursing Services Monitoring survey was conducted at Wellness Living in Plantation on 06/05/19. Deficiencies were found to be corrected at the time of the survey.