

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/04/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910705	(X3) DATE SURVEY COMPLETED 03/20/2017
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

An unannounced complaint investigation (CCR 2016014709) was conducted at Margate Manor (license 6649) in Margate, Florida on 03/20/2017. The facility had no deficiencies identified at the time of the survey.