

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/14/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910705	(X3) DATE SURVEY COMPLETED 10/20/2017
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 licensure complaint survey (CCR #2017006770) was conducted on 10/20/2017 at Margate Manor, Inc. (License #6649). The facility had no deficiencies at the time of the visit.