STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969092	**12/26/2017**
NAME OF PROVIDER OR SUPPLIER **SYMPHONY AT THE WATERWAYS**	STREET ADDRESS, CITY, STATE, ZIP CODE **3001 E OAKLAND PARK BLVD** **FORT LAUDERDALE, FL 33306**	

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

0000 - Initial Comments

A Limited Nursing Service (LNS) monitoring visit was conducted on 12/26/17 at Symphony at the Waterways, an Assisted Living facility, License #12940. The facility had no deficiencies at the time of the visit.