STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966254	R **06/15/2018**
NAME OF PROVIDER OR SUPPLIER **GOOD SHEPHERD ALF, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8610 NW 24TH COURT** **SUNRISE, FL 33322**	

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

0000 - Initial Comments

A relicensure revisit survey was conducted by desk review on 6/15/18 for Good Shepherd ALF, LLC, License #10473. The facility corrected all outstanding deficiencies