STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969092	R **02/15/2019**
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

An unannounced Limited Nursing Services (LNS) revisit survey was conducted at Symphony at the Waterways (Lic#12940) on 02/15/2019. All outstanding deficiencies were corrected.