

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 03/25/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911829	(X3) DATE SURVEY COMPLETED 03/18/2014
NAME OF PROVIDER OR SUPPLIER Central Palace Residential,	STREET ADDRESS, CITY, STATE, ZIP CODE 4491 Sw 8 Street Miami, FL 33134	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

An unannounced visit for a Complaint investigation (CCR 2014002691) was made on 03/18/2014. Central Palace Residential had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 26, 2014

Administrator
Central Palace Residential,
4491 Sw 8 Street
Miami, FL 33134

Re: CCR #2014002691

Dear Administrator:

This letter reports the findings of a complaint survey completed on March 18, 2014 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey.

The *Quality Assurance Questionnaire* has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions, please contact Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

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