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|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11911829</b>                | (X3) DATE SURVEY COMPLETED<br><br><b>10/22/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Central Palace Residential,</b>                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>4491 Sw 8 Street<br/>Miami, FL 33134</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                          |                                                     |

**Specific Tag Findings:**

**0000-Initial Comments**

A limited nursing services survey monitoring was conducted on October 22nd, 2014. Central Palace Residential did not have deficiencies at time of the survey.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

December 11, 2014

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

Dear Administrator:

This letter reports findings of a limited nursing services monitoring survey that was conducted on October 22, 2014 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN  
Field Office Manager

AMD:kb  
Enclosure

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