

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968090	(X3) DATE SURVEY COMPLETED 03/16/2015
NAME OF PROVIDER OR SUPPLIER Park Place Assisted Living, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 8200 Sw 43rd Terrace Miami, FL 33155	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Survey was conducted on 3/16/15. Park Place Assisted Living Inc. had no deficiencies at time of the survey.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

March 27, 2015

Administrator
Park Place Assisted Living, Inc
8200 Sw 43rd Terrace
Miami, FL 33155

Dear Administrator:

This letter reports findings of a Biennial Standard licensure survey that was conducted on March 16, 2015 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

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Enclosure

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