| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11953688** | **02/24/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**PALM BREEZE ALF** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1045-1055 PALM AVENUE**<br>**HIALEAH, FL 33010** | |

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

**0000 - Initial Comments**

Complaint (CCR #2016014333, 2016014815, and 2017001153) Survey was conducted on 02-24-2017 at Palm Breeze ALF Inc. (Lic# 44) with Extended Congregate Care and Limited Mental Health components had no deficiencies identified at the time of survey.