

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/10/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965850	(X3) DATE SURVEY COMPLETED 04/13/2017
NAME OF PROVIDER OR SUPPLIER BUCKINGHAM PLACE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1845 GARFIELD STREET HOLLYWOOD, FL 33020	

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

0000 - Initial Comments

A monitoring inspection was conducted on 4-13-17. The Buckingham Place, License #10172, had no deficiencies identified at time of the survey.