

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/21/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968090	(X3) DATE SURVEY COMPLETED R 08/01/2017
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Standard Biennial Survey Revisit was conducted on August 01, 2017. Park Place Assisted Living Inc. (License #12042) had no deficiencies identified at the time of the survey.