

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/16/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968520	(X3) DATE SURVEY COMPLETED 09/29/2017
NAME OF PROVIDER OR SUPPLIER PALACE AT CORAL GABLES, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1 ANDALUSIA AVE CORAL GABLES, FL 33134	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Bed Capacity Increase Survey was conducted on 09/29/17. The Palace at Coral Gables (License #12411) had no deficiencies identified at the time of the survey. A recommendation will be sent to the licensure unit to increase the license capacity from 58 beds to 85 beds.		