STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968520	**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 Complaint Survey (CCR #2017007599) was conducted on 09/29/17. The Palace at Coral Gables (License #12411) had no deficiencies identified at the time of the survey.