| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968090** | R<br>**11/17/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**PARK PLACE ASSISTED LIVING, INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**8200 SW 43RD TERRACE**<br>**MIAMI, FL 33155** | |

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

**0000 - Initial Comments**

A Limited Mental Health (LMH) component expansion survey revisit desk review was completed on 11/17/17 for Park Place Assisted Living, Inc. (License #12042).