

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/16/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969122	(X3) DATE SURVEY COMPLETED 12/19/2017
NAME OF PROVIDER OR SUPPLIER THE RESIDENCE AT DANIA BEACH	STREET ADDRESS, CITY, STATE, ZIP CODE 150 STIRLING RD DANIA BEACH, FL 33004	

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

0000 - Initial Comments

A Complaint Investigation, CCR #2017007108, was conducted on 11/30/2017 and 12/19/2017 at The Residence at Dania Beach, License #12950. The facility had no deficiencies at the time of the investigation.