

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/08/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969122	(X3) DATE SURVEY COMPLETED 02/20/2018
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

An unannounced initial Limited Mental Health (LMH) survey was conducted on 2/20/2018 at The Residences at Dania Beach, License #12950. No deficiencies were found during the time of the survey.