STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953688	**02/27/2018**
NAME OF PROVIDER OR SUPPLIER **PALM BREEZE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **1045-1055 PALM AVENUE** **HIALEAH, FL 33010**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on February 26-27, 2018. Palm Breeze ALF (license #44) with Extended Congregate Care and Limited Mental Health components did not have any deficiencies identified at time of the survey.