

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/23/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953688	(X3) DATE SURVEY COMPLETED 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 Extended Congregate Care (ECC) Monitoring Survey was conducted on March 27, 2018. Palm Breeze ALF Inc. (AL 44) with ECC and Limited Mental Health components did not have deficiencies identified under the surveyed component at the time of survey.