STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911829	**03/19/2018**
NAME OF PROVIDER OR SUPPLIER **CENTRAL PALACE RESIDENTIAL,**	STREET ADDRESS, CITY, STATE, ZIP CODE **4491 SW 8 STREET** **MIAMI, FL 33134**	

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

0000 - Initial Comments

A complaint survey (CCR #2017014356) was conducted on 02/05/2018 through 03/09/2018 Central Palace Residential, License # 7107, with Limited Mental Health and Limited Nursing services components, had a deficiency identified at the time of the visit, cited under complaint revisit survey NV5612, conducted at the same time: