| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11911032** | R<br>**04/12/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**PALACE AT KENDALL** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**11355 SW 84 STREET**<br>**MIAMI, FL 33173** | |

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

**0000 - Initial Comments**

An Abbreviated Biennial Revisit Survey was conducted on 04/12/18. Palace at Kendall (License #7649) the previously cited deficiencies were found corrected at the time of the survey.