STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965572	**05/02/2018**
NAME OF PROVIDER OR SUPPLIER **GOLDEN PALMS ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **7280 NW 169TH STREET** **HIALEAH, FL 33015**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on May 18, 2018. Golden Palms ALF Inc. with Limited Mental Health component had no deficiencies identified at the time of the survey.