

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/29/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911829	(X3) DATE SURVEY COMPLETED R 05/02/2018
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 #s 2017014045 and 2017013803) revisit was conducted on 05/02/2018 . Central Palace Residential, License # 7107, with Limited Mental Health and Limited Nursing services components, had no deficiencies identified at the time of the visit:		