

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/25/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965856	(X3) DATE SURVEY COMPLETED R 07/18/2018
NAME OF PROVIDER OR SUPPLIER PALM MANOR ALF (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 6609 SW 20TH STREET MIRAMAR, FL 33023	

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

0000 - Initial Comments

An unannounced revisit to the licensure survey, was conducted on 7/18/18 at The Palm Manor, License #10177. The facility corrected all outstanding deficiencies at the time of the survey.