| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11965503** | R<br>**06/28/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**PRESIDENTIAL PLACE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**3880 SOUTH CIRCLE DRIVE**<br>**HOLLYWOOD, FL 33021** | |

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

**0000 - Initial Comments**

An unannounced revisit to the complaint survey, CCR #2018002282, was conducted on 06/26/2018 through 06/28/2018 at Presidential Place, License # 9921. Previously cited deficiencies were found corrected.