

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/08/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965850	(X3) DATE SURVEY COMPLETED 07/05/2018
NAME OF PROVIDER OR SUPPLIER BUCKINGHAM PLACE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1845 GARFIELD STREET HOLLYWOOD, FL 33020	

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

0000 - Initial Comments

An unannounced abbreviated relicensure survey was conducted on 7/05/18 at Buckingham Place, License #10172. The facility had no deficiencies at the time of the visit.