

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/14/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969122	(X3) DATE SURVEY COMPLETED 07/31/2018
NAME OF PROVIDER OR SUPPLIER THE RESIDENCE AT DANIA BEACH	STREET ADDRESS, CITY, STATE, ZIP CODE 150 STIRLING RD DANIA BEACH, FL 33004	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR #2018007260, was conducted on 7/31/2018 at The Residence At Dania Beach, License #12950. The facility had no deficiencies at the time of the survey.