

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/17/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911829	(X3) DATE SURVEY COMPLETED 08/28/2018
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 Limited Nursing Services Monitoring Survey was conducted on August 27 and August 28, 2018. Central Palace Residential (license #7107) with Limited Nursing Services and Limited Mental Health components had deficiencies identified at the time of the survey, cited under the Biennial Survey.