STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911829	**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 complaint survey (CCR #2018008371) was conducted from August 27, 2018 through August 28, 2018. Central Palace Residential, License number 7107, with Limited Mental Health and Limited Nursing services components. The facility had deficiencies identified at the time of the visit, cited under the biennial survey (Aspen ID #TCKH11):