

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/19/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965503	(X3) DATE SURVEY COMPLETED R 10/05/2018
NAME OF PROVIDER OR SUPPLIER PRESIDENTIAL PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 3880 SOUTH CIRCLE DRIVE HOLLYWOOD, FL 33021	

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

0000 - Initial Comments

An unannounced licensure complaint revisit survey, CCR #2018004866, CCR #2018005201 and CCR #2018005212, was conducted on 10/05/2018 at Presidential Place, License #9921. The previously cited deficiencies were found corrected at the time of the visit.

This licensure complaint revisit survey was conducted in conjunction with the Relicensure revisit survey and licensure complaint survey, CCR #2018011096. Please see separate reports for findings.