

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 11/26/2018  
FORM APPROVED

|                                                                      |                                                                                                       |                                                                     |
|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                            | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11911449</b>                           | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><br><b>11/02/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>PLAZA OF HALLANDALE BEACH</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3535 SW 52ND AVENUE</b><br><b>PEMBROKE PARK, FL 33023</b> |                                                                     |

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

**0000 - Initial Comments**

An unannounced licensure revisit survey to CCR #2018003499 on 11/02/18 at Plaza of Hallandale Beach, License #5120. The facility had no deficiencies at the time of the investigation.