STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968090	R **10/25/2018**
NAME OF PROVIDER OR SUPPLIER **PARK PLACE ASSISTED LIVING, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8200 SW 43RD TERRACE MIAMI, FL 33155**	

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

0000 - Initial Comments

A Complaint (CCR# 2018004359) survey second revisit was conducted on 10/25/2018. Park Place Assisted Living, Inc. (license #12042) with Limited Mental Health component had no deficiencies identified at the time of the survey.