STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969444	R **12/11/2018**
NAME OF PROVIDER OR SUPPLIER **PLAZA AT PARKSQUARE (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **2950 NE 207 STREET** **AVENTURA, FL 33180**	

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

0000 - Initial Comments

An initial licensure revisit survey desk review was completed on December 11, 2018 for The Plaza at Parksquare. A recommendation will be sent to the licensure unit for a standard license with a capacity of 150 beds.