

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/14/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968090	(X3) DATE SURVEY COMPLETED 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 Generator Monitoring Survey was conducted on 10/25/18. Park Place Assisted Living, Inc. (license #12042) had no deficiencies identified at time of the survey.		

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PRINTED: 12/19/2018
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