

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/03/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965850	(X3) DATE SURVEY COMPLETED R 12/28/2018
NAME OF PROVIDER OR SUPPLIER BUCKINGHAM PLACE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1845 GARFIELD STREET HOLLYWOOD, FL 33020	

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

0000 - Initial Comments

An unannounced licensure complaint second revisit survey, CCR #2018009523 was conducted by desk review on 12/28/2018 for Buckingham Place LLC, Licensure #10172. The previously cited deficiency was found corrected at the time of the survey.