

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/17/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969122	(X3) DATE SURVEY COMPLETED 01/03/2019
NAME OF PROVIDER OR SUPPLIER THE RESIDENCE AT DANIA BEACH	STREET ADDRESS, CITY, STATE, ZIP CODE 150 STIRLING RD DANIA BEACH, FL 33004	

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

0000 - Initial Comments

An unannounced licensure Complaint survey, CCR #2018015085, was conducted on 01/03/2019 at The Residence at Dania Beach, License #12950. The facility had no deficiencies at the time of the survey.