

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/04/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965503	(X3) DATE SURVEY COMPLETED R 01/31/2019
NAME OF PROVIDER OR SUPPLIER PRESIDENTIAL PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 3880 SOUTH CIRCLE DRIVE HOLLYWOOD, FL 33021	

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

0000 - Initial Comments

An unannounced licensure complaint second revisit survey, CCR #2018011096, was conducted by desk review on 01/31/2019 for Presidential Place, License #9921. The previously cited deficiency was found corrected at the time of the survey.