STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953688	**01/15/2019**
NAME OF PROVIDER OR SUPPLIER **PALM BREEZE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **1045-1055 PALM AVENUE** **HIALEAH, FL 33010**	

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

0000 - Initial Comments

An Extended Congregate Care Monitoring Survey was conducted on January 15, 2019. Palm Breeze ALF Inc. with Extended Congregate Care and Limited Mental Health components did not have deficiencies identified under the surveyed component at the time of survey.