

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/28/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911032	(X3) DATE SURVEY COMPLETED 03/04/2019
NAME OF PROVIDER OR SUPPLIER PALACE AT KENDALL	STREET ADDRESS, CITY, STATE, ZIP CODE 11355 SW 84 STREET MIAMI, FL 33173	

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

0000 - Initial Comments

A complaint investigation (CCR#s 2019000623 and 2019000757) survey conducted on 03/04/19. Palace at Kendall had no deficiencies identified at time of survey.