

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/03/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911829	(X3) DATE SURVEY COMPLETED R 04/11/2019
NAME OF PROVIDER OR SUPPLIER CENTRAL PALACE RESIDENTIAL,	STREET ADDRESS, CITY, STATE, ZIP CODE 4491 SW 8 STREET MIAMI, FL 33134	

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

0000 - Initial Comments

A biennial third revisit survey was conducted at Central Palace Residential, on April 11, 2019. The facility had no deficiencies identified at the time of survey.