

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/16/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969122	(X3) DATE SURVEY COMPLETED R 05/01/2019
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 A revisit to a licensure monitoring survey was conducted on 05/01/2019 at The Residence at Dania Beach. Previously cited deficiencies were found corrected.		