

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/10/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968520	(X3) DATE SURVEY COMPLETED 05/22/2019
NAME OF PROVIDER OR SUPPLIER PALACE AT CORAL GABLES, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1 ANDALUSIA AVE CORAL GABLES, FL 33134	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A re-licensure survey was conducted at Palace at Coral Gables on 05/22/2019. The provider had no deficiencies identified at the time of the visit.		