

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/24/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911449	(X3) DATE SURVEY COMPLETED R 06/07/2019
NAME OF PROVIDER OR SUPPLIER PLAZA OF HALLANDALE BEACH	STREET ADDRESS, CITY, STATE, ZIP CODE 3535 SW 52ND AVENUE PEMBROKE PARK, FL 33023	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A second revisit to a Monitoring survey was conducted on 06/07/19 by desk review for Plaza of Hallandale Beach. The previously cited deficiency was found corrected at the time of the survey.		