

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/17/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965503	(X3) DATE SURVEY COMPLETED R 05/02/2017
NAME OF PROVIDER OR SUPPLIER PRESIDENTIAL PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 3880 SOUTH CIRCLE DRIVE HOLLYWOOD, FL 33021	

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

0000 - Initial Comments

An unannounced revisit to the licensure survey was conducted on 5/2/17 at Presidential Place License # 9921 . The facility had no deficiencies identified at the time of the survey.