STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965452	**03/01/2018**
NAME OF PROVIDER OR SUPPLIER **JACQUIS PALACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **771 W 27 STREET** **HIALEAH, FL 33010**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on March 02, 2018. Jacquis Palace (License #9852) with a limited mental health component had no deficiencies identified at the time of the survey.