STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965503	R **10/05/2018**
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 Relicensure revisit survey was conducted on 10/05/2018 at Presidential Place, License #9921. The previously cited deficiencies were found corrected at the time of the visit.

This Relicensure revisit survey was conducted in conjunction with the licensure complaint survey, CCR #2018011096 and licensure complaint revisit survey, CCR #2018004866, CCR #2018005201 & CCR #2018005212. Please see separate reports for findings.