

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 09/01/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910968	(X3) DATE SURVEY COMPLETED 08/18/2016
NAME OF PROVIDER OR SUPPLIER NORTH MIAMI RETIREMENT LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1595 NE 145 STREET NORTH MIAMI, FL 33161	

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

0000 Initial Comments

A Monitoring survey was conducted at North Miami Retirement Living on 08-18-2016 (Lic #5934).