

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/08/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910968	(X3) DATE SURVEY COMPLETED 08/25/2016
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 Financial Monitoring Survey was conducted on 08/25/16 at North Miami Retirement Living with Limited Mental Health component, Licence#5934.