

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/01/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967002	(X3) DATE SURVEY COMPLETED R 02/14/2017
NAME OF PROVIDER OR SUPPLIER MIRAMAR SENIOR LIVING V	STREET ADDRESS, CITY, STATE, ZIP CODE 5722 SW 165 COURT MIAMI, FL 33185	

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

0000 - Initial Comments

A complaint (CCR #2016011113) Revisit Survey was conducted on 02/14/17. Miramar Senior Living V with standard licence and license number 11121 had no deficiencies identified at the time of the survey.