

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/06/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965619	(X3) DATE SURVEY COMPLETED R 02/22/2017
NAME OF PROVIDER OR SUPPLIER MIAMI GENESIS ELDERLY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3460 SW 137 AVENUE MIAMI, FL 33175	

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

0000 - Initial Comments

A Standard Biennial revisit survey was conducted on 2/22/2017. Miami Genesis Elderly Care license #9980 with Limited Mental Health component had no deficiencies found at time of the survey.