STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964762	**03/07/2017**
NAME OF PROVIDER OR SUPPLIER **LOURDES RESIDENCE,INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5770 SW 5TH TERRACE** **MIAMI, FL 33144**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on 03/07/2017. Lourdes Residence, Inc. License #9483 had no deficiencies found at the time of the survey.