STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911035	**03/21/2017**
NAME OF PROVIDER OR SUPPLIER **ST ANNE'S RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **11855 QUAIL ROOST DRIVE** **MIAMI, FL 33177**	

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

0000 - Initial Comments

An Extended Congregate Care Monitoring Survey was conducted on March 21, 2017. St Anne's Residence (AL#5277) with Extended Congregate Care component had no deficiencies identified at the time of the survey within this component.