

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/13/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968818	(X3) DATE SURVEY COMPLETED 03/27/2017
NAME OF PROVIDER OR SUPPLIER LIVING CARE FACILITY INC	STREET ADDRESS, CITY, STATE, ZIP CODE 10355 SW 38 TERR MIAMI, FL 33165	

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

0000 - Initial Comments

A Complaint Survey (CCR#2017002707) was conducted on March 27, 2017. Living Care Facility Inc. (License # 12671) had an uncorrected deficiency cited under the Revisit Survey.