

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/25/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966672	(X3) DATE SURVEY COMPLETED R 05/11/2017
NAME OF PROVIDER OR SUPPLIER LOURDES ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 14825 SW 82ST MIAMI, FL 33193	

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

0000 - Initial Comments

A Complaint investigation (CCR 2017000448) revisit survey was conducted on 05/11/2017. Lourdes ALF with standard license (AL 10833), had no deficiencies identified at the time of the visit.