STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966897	R **05/25/2017**
NAME OF PROVIDER OR SUPPLIER **MIRAMAR SENIOR LIVING IV**	STREET ADDRESS, CITY, STATE, ZIP CODE **14934 SW 32 TERRACE** **MIAMI, FL 33185**	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 05/25/2017. Miramar Senior Living IV with a standard license (AI 11034) had previous deficiencies corrected. Other deficienices were cited under the complaint second revisit survey.