

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/12/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910968	(X3) DATE SURVEY COMPLETED R 06/28/2017
NAME OF PROVIDER OR SUPPLIER NORTH MIAMI RETIREMENT LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1595 NE 145 STREET NORTH MIAMI, FL 33161	

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

0000 - Initial Comments

A standard Biennial survey revisit was conducted on 06/27/2017 and concluded on 06/28/2017. North Miami Retirement Living with limited mental health component (AL 5934) had no deficiencies identified at the time of the survey.