

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/12/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968017	(X3) DATE SURVEY COMPLETED R 06/29/2017
NAME OF PROVIDER OR SUPPLIER PEACE AND CARE OF MIAMI LAKES	STREET ADDRESS, CITY, STATE, ZIP CODE 15301 DURNFORD DRIVE MIAMI LAKES, FL 33014	

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

0000 - Initial Comments

A Standard Biennial Second Revisit Survey was conducted on 06/29/2017. Peace and Care of Miami Lakes with Limited Mental Health (LMH) component, license number 11968, had no deficiencies identified at time of the survey.