

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/25/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967037	(X3) DATE SURVEY COMPLETED 06/29/2017
NAME OF PROVIDER OR SUPPLIER BERMUDEZ SENIOR CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5301 SW 162 PLACE MIAMI, FL 33185	

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

0000 - Initial Comments

A Residents Status Monitoring was conducted on 6/29/17. Bermudez Senior Care with Limited Mental Health service component, license # 11117, had deficiencies identified at the time of the survey, cited under the Standard Biennial Survey, Event ID H72111.