

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/08/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910977	(X3) DATE SURVEY COMPLETED R 07/24/2017
NAME OF PROVIDER OR SUPPLIER LAS MERCEDES BOARDING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3418 SW 23RD TERRACE MIAMI, FL 33145	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Complaint survey, 2nd revisit (CCR2017001719) was conducted on 07/24/2017. Las Mercedes Boarding Home, with Standard license (AL5295), had no deficiencies found at the time of the survey.		