STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966494	R **07/25/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FE ISABEL RESIDENCE, INC	**1001 SW 87TH COURT** **MIAMI, FL 33174**

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

0000 - Initial Comments

A complaint (CCR #2017001654) revisit survey was conducted on 07/25/17. Fe Isabel Residence, License # 10680, with a Limited Mental Health component, had no deficiencies identified at time of the survey: