

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/08/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964887	(X3) DATE SURVEY COMPLETED R 07/25/2017
NAME OF PROVIDER OR SUPPLIER CORAL SAND INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7800 ABBOTT AVENUE MIAMI BEACH, FL 33141	

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

0000 - Initial Comments

A Standard Biennial Survey Revisit was conducted on July 25, 2017. Coral Sand Inc. (license # 9375) with Limited Mental Health component had no deficiencies identified at the time of the survey.