

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/21/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967653	(X3) DATE SURVEY COMPLETED 07/31/2017
NAME OF PROVIDER OR SUPPLIER LAKE VIEW ALF CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 14220 KENDALE LAKES BOULEVARD MIAMI, FL 33183	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on 07/31/2017. Lake View ALF Corp, License #11659, had no deficiencies identified at time of the survey.