

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/21/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964797	(X3) DATE SURVEY COMPLETED 08/03/2017
NAME OF PROVIDER OR SUPPLIER MIAMI-DADE COUNTY	STREET ADDRESS, CITY, STATE, ZIP CODE 1150 NW 11 STREET ROAD MIAMI, FL 33136	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Complaint (CCR #2017005245) Survey was conducted on 8/03/17. Miami Dade County (License #9359) had no deficiencies identified at time of the survey.		