

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/22/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910731	(X3) DATE SURVEY COMPLETED 08/09/2017
NAME OF PROVIDER OR SUPPLIER ST JOSEPH RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 3485 NW 30TH STREET LAUDERDALE LKS, FL 33311	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced relicensure survey was conducted on 08/09/2017 at St Joseph Residence (License #7380). There were no deficiencies at the time of the survey.		