

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/23/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968099	(X3) DATE SURVEY COMPLETED R 08/02/2017
NAME OF PROVIDER OR SUPPLIER CUTLER BAY VILLAGE ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 10425 SW 212 STREET MIAMI, FL 33189	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An abbreviated biennial revisit survey was conducted on August 2nd, 2017. Cutler Bay Village ALF with license number 12045 did not have deficiencies identified at the time of the survey.		