

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/29/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966897	(X3) DATE SURVEY COMPLETED R 08/25/2017
NAME OF PROVIDER OR SUPPLIER MIRAMAR SENIOR LIVING IV	STREET ADDRESS, CITY, STATE, ZIP CODE 14934 SW 32 TERRACE MIAMI, FL 33185	

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

0000 - Initial Comments

A Complaint 3rd Revisit Survey (CCR #2017000080) desk review was completed on 08/25/17 for Miramar Senior Living IV with standard license (AL 11034).