

**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 08/09/2017
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 Monitoring revisit survey conducted on 08/09/2017. Miramar Senior Living IV, Inc had no deficiencies identified at time of the survey. Facility license #11034.		