

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/20/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966532	(X3) DATE SURVEY COMPLETED 08/24/2017
NAME OF PROVIDER OR SUPPLIER LUGAR DE AMOR ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 403 NW 136 PLACE MIAMI, FL 33182	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on 8/24/17. Lugar De Amor ALF License #10724 had no deficiencies identified at the time of the survey.