STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967037	R **08/29/2017**
NAME OF PROVIDER OR SUPPLIER **BERMUDEZ SENIOR CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5301 SW 162 PLACE** **MIAMI, FL 33185**	

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

0000 - Initial Comments

A Standard Biennial Survey revisit was conducted on 8/29/17. Bermudez Senior Care with Limited Mental Health services component, (AI 11117), had no deficiencies identified at the time of the survey.