

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/06/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967052	(X3) DATE SURVEY COMPLETED R 10/17/2017
NAME OF PROVIDER OR SUPPLIER SAN JUDAS ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 8275 SW 47 TERRACE MIAMI, FL 33155	

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

0000 - Initial Comments

A Standard Biennial 2nd Revisit Survey was conducted on 10/17/2017. San Judas Assisted Living Facility, License #11145, had no deficiencies at time of the survey.