STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910968	R **10/18/2017**
NAME OF PROVIDER OR SUPPLIER **NORTH MIAMI RETIREMENT LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **1595 NE 145 STREET** **NORTH MIAMI, FL 33161**	

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

0000 - Initial Comments

A Monitoring Revisit Survey to check on the residents' welfare conducted on 10/18/17. North Miami Retirement Living (License #5934) had no deficiencies identified at time of the survey.