

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/21/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968156	(X3) DATE SURVEY COMPLETED R 11/08/2017
NAME OF PROVIDER OR SUPPLIER PEREGON LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 8064 S W 133 CT MIAMI, FL 33183	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Standard Biennial revisit survey was conducted on November 8th, 2017. Peregon Llc with license #12090 did not have deficiencies identified at time of the survey.		