

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/21/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966985	(X3) DATE SURVEY COMPLETED R 11/08/2017
NAME OF PROVIDER OR SUPPLIER MIAMI GARDENS MANOR, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 915 NW 175 STREET MIAMI, FL 33169	

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

0000 - Initial Comments

An Abbreviated Biennial 2nd Revisit Survey was conducted on 11/08/17. Miami Gardens Manor, Inc. with a standard license (#11092) had no deficiencies identified at the time of the survey.