

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/30/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968718	(X3) DATE SURVEY COMPLETED R 11/07/2017
NAME OF PROVIDER OR SUPPLIER ADA RESIDENCES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 759 SW 99 CT CIR MIAMI, FL 33174	

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

0000 - Initial Comments

A Standard Biennial survey third revisit was conducted on 11/07/2017. Ada Residences with standard license (AL 12596) had no deficiencies identified at the time of the survey.