

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/01/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966494	(X3) DATE SURVEY COMPLETED 11/14/2017
NAME OF PROVIDER OR SUPPLIER FE ISABEL RESIDENCE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1001 SW 87TH COURT MIAMI, FL 33174	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on 11/14/2017. Fe Isabel Residence, License #10680, had no deficiencies identified at the time of survey.