STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967074	**12/01/2017**
NAME OF PROVIDER OR SUPPLIER **IDALMIS RESIDENCE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3530 SW 12 STREET** **MIAMI, FL 33135**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on 12/01/2017. Idalmis Residence Inc (license #11187) had no deficiencies identified at the time of the survey: