STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911004	**12/21/2017**
NAME OF PROVIDER OR SUPPLIER **MILLER HEIGHTS HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **4930 SW 87 AVENUE** **MIAMI, FL 33165**	

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

0000 - Initial Comments

A Standard Biennial survey was conducted on 12/21/2017. Miller Heights Home with standard license (AL 7463) had no deficiencies identified at the time of the survey.