STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967136	R **01/03/2018**
NAME OF PROVIDER OR SUPPLIER **SOUTH MIAMI SENIOR CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **15592 SW 183 LANE** **MIAMI, FL 33187**	

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

0000 - Initial Comments

A Standard Biennial survey revisit was conducted on 01/03/2018. South Miami Senior Care with standard license (AL 11202) had no deficiencies identified at the time of the survey.