

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/02/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967700	(X3) DATE SURVEY COMPLETED R 01/08/2018
NAME OF PROVIDER OR SUPPLIER RESIDENCIA MARBELLA ALF CORP.	STREET ADDRESS, CITY, STATE, ZIP CODE 19807 NW 86 COURT MIAMI, FL 33015	

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

0000 - Initial Comments

An Abbreviated Biennial Second Revisit Survey was conducted on January 8th , 2018. Residencia Marbella ALF Corp (Lic#11698) did not have deficiencies identified at time of survey.