

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/03/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967052	(X3) DATE SURVEY COMPLETED R 03/12/2018
NAME OF PROVIDER OR SUPPLIER SAN JUDAS ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 8275 SW 47 TERRACE MIAMI, FL 33155	

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

0000 - Initial Comments

A Complaint (CCR# 2017014664) Survey was conducted on 03/12/18. San Judas Assisted Living Facility (license #11145) had no deficiencies found at the time of the survey.