

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/13/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966672	(X3) DATE SURVEY COMPLETED 03/22/2018
NAME OF PROVIDER OR SUPPLIER LOURDES ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 14825 SW 82ST MIAMI, FL 33193	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on 03/02/2018 & 03/22/2018. Lourdes ALF (License # 10833) had no deficiencies identified at the time of the survey: