

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 06/13/2018  
FORM APPROVED

|                                                                                                                                                                                                                                                                                       |                                                                                          |                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                             | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11910977</b>              | (X3) DATE SURVEY COMPLETED<br><br><b>05/16/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>LAS MERCEDES BOARDING HOME</b>                                                                                                                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3418 SW 23RD TERRACE<br/>MIAMI, FL 33145</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                               |                                                                                          |                                                     |
| <p><b>0000 - Initial Comments</b></p> <p>A Complaint Investigation Survey CCR #2018004273 was conducted on 05/16/2018. Las Mercedes Boarding Home (AL 5295) had deficiencies identified at time of the survey. Deficiencies were cited under the Full Monitoring Event ID KFHD11.</p> |                                                                                          |                                                     |