STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966933	**05/22/2018**
NAME OF PROVIDER OR SUPPLIER **CORAL WAY SENIOR CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2451 SW 143 COURT** **MIAMI, FL 33175**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey changed to Standard was conducted on 05/22/18. Coral Way Senior Care Inc. with a Limited Mental Health component license # 11044 had no deficiencies found at the time of the survey.