

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 08/03/2018  
FORM APPROVED

|                                                       |                                                                                             |                                                                     |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES                             | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11965502</b>                 | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><br><b>07/16/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>TADEOS ALF</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1525 SW 119 COURT</b><br><b>MIAMI, FL 33184</b> |                                                                     |

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

**0000 - Initial Comments**

An Abbreviated Biennial Survey Revisit was conducted on July 16, 2018. Tadeos ALF (license #9887) had no deficiencies identified at the time of the survey.