

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/06/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964797	(X3) DATE SURVEY COMPLETED 07/23/2018
NAME OF PROVIDER OR SUPPLIER MIAMI-DADE COUNTY	STREET ADDRESS, CITY, STATE, ZIP CODE 1150 NW 11 STREET ROAD MIAMI, FL 33136	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Complaint (CCR#2018008818) Survey was conducted on June 18, 2018 and concluded on July 23, 2018. Miami-Dade County (license #9359) with Extended Congregate Care component had deficiencies identified under the biennial survey at the time of the survey.		