| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11966644** | R<br>**08/13/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**MIAMI LAKES ASSISTED LIVING FACILITY INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**7849 N W 200 TERRACE**<br>**MIAMI, FL 33015** | |

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

**0000 - Initial Comments**

A Standard Biennial revisit survey was conducted on August 13, 2018. Miami Lakes Assisted Living Facility Inc. (Lic # 10808) had no deficiencies identified at time of the survey.