STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966278	R **08/14/2018**
NAME OF PROVIDER OR SUPPLIER **OUR LADY OF LOURDES ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **14491 SW 153 TERRACE** **MIAMI, FL 33177**	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 08/14/2018 Our Lady Of Lourdes ALF, Inc with a Limited Mental Health Component, License #10517 the previously cited deficiencies corrected at the time of the survey.