

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/14/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910977	(X3) DATE SURVEY COMPLETED R 08/23/2018
NAME OF PROVIDER OR SUPPLIER LAS MERCEDES BOARDING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3418 SW 23RD TERRACE MIAMI, FL 33145	

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

0000 - Initial Comments

A Full Monitoring Revisit Survey was conducted on 08/23/18. Las Mercedes Boarding Home (License #5295) had no deficiencies identified at the time of the survey.