STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965206	**08/08/2018**
NAME OF PROVIDER OR SUPPLIER **SOUTH MIAMI HEALTH FACILITY INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7650 SW 64TH CT** **MIAMI, FL 33143**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey and generator monitoring survey was conducted on 08/08/2018. South Miami Health Facility Inc. (lic #9650) had no deficiencies identified at the time of the survey.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965206	**08/08/2018**
NAME OF PROVIDER OR SUPPLIER **SOUTH MIAMI HEALTH FACILITY INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7650 SW 64TH CT** **MIAMI, FL 33143**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey and generator monitoring survey was conducted on 08/08/2018. South Miami Health Facility Inc. (lic #9650) had no deficiencies identified at the time of the survey.