STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964797	R **09/05/2018**
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

An Abbreviated Biennial Survey Revisit was conducted on September 05, 2018. Miami-Dade County (license #9359) with Extended Congregate Care component had no deficiencies identified at the time of the survey.