STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911004	R **10/09/2018**
NAME OF PROVIDER OR SUPPLIER **MILLER HEIGHTS HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **4930 SW 87 AVENUE** **MIAMI, FL 33165**	

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

0000 - Initial Comments

A Complaint Revisit Survey (CCR#2018009093) was conducted on 10/09/2018. Miller Heights Home ALF License #7463 had no deficiencies identified at the time of the survey.