

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/08/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966183	(X3) DATE SURVEY COMPLETED R 10/10/2018
NAME OF PROVIDER OR SUPPLIER CORDERO RESIDENCE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4510 SW 106 AVENUE MIAMI, FL 33165	

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

0000 - Initial Comments

An Abbreviated Biennial 2nd Revisit Survey was conducted on October 10, 2018. Cordero Residence, Inc.(license #10430) had no deficiencies at the time of the survey.