STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968718	R **10/23/2018**
NAME OF PROVIDER OR SUPPLIER **ADA RESIDENCES, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **759 SW 99 CT CIR** **MIAMI, FL 33174**	

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

0000 - Initial Comments

A follow up visit to a biennial survey was conducted at Ada Residences, Inc. with a standard license #12596. Ada Residences, Inc. had no deficiencies identified at the time of the survey.