STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912091	**10/16/2018**
NAME OF PROVIDER OR SUPPLIER **TAMIAMI LAKES MONTBLANC ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **2040 SOUTHWEST 127TH AVENUE MIAMI, FL 33175**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on October 16, 2018. Tamiami Lakes Montblanc ALF, Corp. (License # 7896) with Limited Mental Health component had no deficiencies identified at the time of the survey.