STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966278	R **10/26/2018**
NAME OF PROVIDER OR SUPPLIER **OUR LADY OF LOURDES ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **14491 SW 153 TERRACE** **MIAMI, FL 33177**	

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

0000 - Initial Comments

A Complaint (#2018013278) Revisit Survey was conducted on 10/26/2018. Our Lady Of Lourdes ALF, Inc with a Limited Mental Health component, License #10517 had no deficiencies at the time of the survey.