

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/19/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911035	(X3) DATE SURVEY COMPLETED R 11/28/2018
NAME OF PROVIDER OR SUPPLIER ST ANNE'S RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 11855 QUAIL ROOST DRIVE MIAMI, FL 33177	

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

0000 - Initial Comments

A complaint (CCR#2018015146) revisit survey was conducted on November 28th, 2018. St Anne's Residence with Extended Congregate Care component, license #5277, did not have deficiencies identified at the time of the survey.