

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 12/26/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966210	(X3) DATE SURVEY COMPLETED R 12/06/2018
NAME OF PROVIDER OR SUPPLIER SAN JUDAS LOVE & CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 17715 NW 87 COURT MIAMI LAKES, FL 33018	

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

0000 - Initial Comments

A generator monitoring revisit survey was conducted on 12/3/18 and concluded on 12/6/18. The facility, San Judas Love & Care had deficiencies identified at the time of survey cited under the second revisit.