

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/18/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968017	(X3) DATE SURVEY COMPLETED R 01/24/2019
NAME OF PROVIDER OR SUPPLIER PEACE AND CARE OF MIAMI LAKES	STREET ADDRESS, CITY, STATE, ZIP CODE 15301 DURNFORD DRIVE MIAMI LAKES, FL 33014	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Standard Biennial Revisit Survey was conducted on January 24, 2019. Peace and Care of Miami Lakes with Limited Mental Health (LMH) component had no deficiencies identified at time of the survey.		