

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/21/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910977	(X3) DATE SURVEY COMPLETED 01/18/2019
NAME OF PROVIDER OR SUPPLIER LAS MERCEDES BOARDING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3418 SW 23RD TERRACE MIAMI, FL 33145	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A complaint (CCR#2018017018) survey was conducted on January 14 to January 18, 2019. Las Mercedes Boarding Home, with a standard license, had deficiencies identified at the time of survey. Deficiencies cited on standard biennial survey ILVR11.		