

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/27/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911035	(X3) DATE SURVEY COMPLETED 02/06/2019
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 An Extended Congregate Care (ECC) monitoring survey was conducted on February 5th and concluded on February 6th, 2018. St Anne's Residence with ECC component had deficiencies identified and cited under the biennial survey.		