

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/08/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966672	(X3) DATE SURVEY COMPLETED 03/06/2019
NAME OF PROVIDER OR SUPPLIER LOURDES ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 14825 SW 82ST MIAMI, FL 33193	

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

0000 - Initial Comments

A Monitoring visit for residents' wellness was conducted on . Lourdes ALF with a standard license, had no deficiencies identified at the time of the survey.