STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968017	R **03/20/2019**
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 complaint (CRR# 2018018381) revisit survey was conducted on 3/20/19. Peace and Care of Miami Lakes with Limited Mental Health (LMH) component had no deficiencies identified at time of the survey.