STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964762	R **03/18/2019**
NAME OF PROVIDER OR SUPPLIER **LOURDES RESIDENCE,INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5770 SW 5TH TERRACE** **MIAMI, FL 33144**	

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

0000 - Initial Comments

On March 18, 2019 a re-visit to a standard biennial relicensure survey was conducted at Lourdes Residence, Inc with a standard license. No deficient practice was identified during the survey.