

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/09/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964762	(X3) DATE SURVEY COMPLETED 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

A Complaint investigation (CCR2018016276) re-visit was conducted at Lourdes Residence, Inc. survey on 03/18/19. Lourdes Residences, In. with a standard license had no deficiencies at the time of the survey: