

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/24/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967486	(X3) DATE SURVEY COMPLETED R 04/11/2019
NAME OF PROVIDER OR SUPPLIER CHALET AT OLD CUTLER (THE) LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7210 SW 148 TERRACE CORAL GABLES, FL 33158	

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

0000 - Initial Comments

A desk review revisit was conducted on 04/23/2019 for Chalet at Old Cutler (the). Deficiencies were found to be corrected at the time of the review.