

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/14/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967653	(X3) DATE SURVEY COMPLETED 04/23/2019
NAME OF PROVIDER OR SUPPLIER LAKE VIEW ALF CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 14220 KENDALE LAKES BOULEVARD MIAMI, FL 33183	

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

0000 - Initial Comments

A Complaint Investigation (complaint number 2019004489) was conducted at Lake View ALF Corp. on 04/23/19. Deficiencies found at the time of the investigation were cited under the standard survey: