STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967037	**04/25/2019**
NAME OF PROVIDER OR SUPPLIER **BERMUDEZ SENIOR CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5301 SW 162 PLACE** **MIAMI, FL 33185**	

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

0000 - Initial Comments

A Complaint investigation (complaint #2019004493) was conducted at Bermudez Senior Care Inc. on April 25, 2019. The facility had a deficiency identified at the time of the survey, cited under the biennial survey.