

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/17/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967037	(X3) DATE SURVEY COMPLETED R 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 Revisit to a Complaint Survey (CCR#2018018229) 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 relicensure survey.