STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911005	R **05/02/2019**
NAME OF PROVIDER OR SUPPLIER **MIDWAY RETIREMENT RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **93 SW 79 COURT** **MIAMI, FL 33144**	

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

0000 - Initial Comments

A Third Follow Up Visit to a Biennial Survey was conducted at Midway Retirement Residence on 05/02/19. The facility had no deficiencies identified at the time of the survey.