STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967052	**05/02/2019**
NAME OF PROVIDER OR SUPPLIER **SAN JUDAS ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **8275 SW 47 TERRACE** **MIAMI, FL 33155**	

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

0000 - Initial Comments

A Re-licensure survey was conducted at the San Judas ALF Group on May 02, 2019. The provider had no deficiencies at time of the visit.