

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/21/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911035	(X3) DATE SURVEY COMPLETED R 04/20/2017
NAME OF PROVIDER OR SUPPLIER ST ANNE'S RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 11855 QUAIL ROOST DRIVE MIAMI, FL 33177	

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

0000 - Initial Comments

A Standard Biennial desk review survey was completed on 04/20/17 for St Anne's Residence with an Extended Congregate Care component (license 5277).