STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911395	**07/14/2017**
NAME OF PROVIDER OR SUPPLIER **RESIDENTIAL PLAZA AT BLUE LAGOON**	STREET ADDRESS, CITY, STATE, ZIP CODE **5617 NW 7 STREET** **MIAMI, FL 33126**	

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

0000 - Initial Comments

A limited nursing services monitoring survey was conducted on July 12th, 2017 and concluded on July 14th, 2017. Residential Plaza at Blue Lagoon with Limited Nursing Services and Limited Mental Health and license number 7551 had deficiencies identified at time of the survey cited under biennial survey.