

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/23/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911395	(X3) DATE SURVEY COMPLETED R 10/10/2017
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 Biennial Revisit Survey was conducted on October 10th, 2017. Residential Plaza at Blue Lagoon with Limited Nursing Services and Limited Mental Health (license number 7551) did not have deficiencies identified at time of the survey.