STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911395	**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 Complaint (CCR#2017007802) 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.